To Examine The Difference Between Physically Active And Inactive Participants On Achievement Motivation, General Self efficacy and Perceived Stress among young adults.

M.Sc. in Applied Psychology

(SPECIALIZATION IN CLINICAL PSYCHOLOGY)

Work Under Supervision Of

Dr. SWETA SAH

Assistant Professor

Department Of Psychology

Sister Nivedita University

Examined
Kasturi Thakur
5/5/25

Submitted By

Priyanka Saroj

M.Sc. Student

Applied Psychology (Specialization in Clinical Psychology)

Department Of Psychology

Sister Nivedita University

(2025)

CONTENT TABLE -

CONTENT	PAGE NO
❖ CERTIFICATE	I
❖ PLAGIARISM CERTIFICATE	II
❖ ACKNOWLEDGMENT	III
❖ ABSTRACT	IV
❖ CHAPTER – 1	1-15
▪ INTRODUCTION	
• Achievement Motivation	
• Perceived Stress	
• General Self-Efficacy	
• Physical Activity	
❖ CHAPTER – 2	16-27
▪ Review Of Literature	
• Studies on Achievement Motivation	
• Studies on General Self Efficacy	
• Studies of Perceived Strss	
❖ CHAPTER 3	28-38
▪ Methods	
• Aim of the study	
• Objectives of the study	
• Research hypothesis	
• Variables	

• Participant	
• Sampling	
• Tools	
• Examination, scoring and treatment of data	
❖ CHAPTER 4	39-45
▪ Result	
❖ CHAPTER 5	46-51
▪ Discussion	
❖ CHAPTER 6	52-53
▪ Conclusion	
• Limitation of the study	
• Applicability	
❖ BIBLIOGRAPHY	54-56
❖ APPENDICES	57-72
Appendix – A	
Appendix – B	
Appendix – C	
Appendix – D	
Appendix – E	
Appendix – F	
Appendix – G	

Department Of Psychology, Sister Nivedita University

New Town, Kolkata

CERTIFICATE

This is to certify that the dissertation entitled **"To Examine The Difference Between Physically Active And Inactive Participants On Achievement Motivation, General Self Efficacy And Perceived Stress"**, Submitted by Miss Priyanka Saroj, a final year M.Sc. student of Applied Psychology, Sister Nivedita University, is a research work, which may be placed before the board of examiners for their evaluation. This is in partial fulfilment for the Degree of M.Sc. in Clinical Psychology, Sister Nivedita University

This is an original study done by the candidate and has not been submitted by her before in any form for any other degree of this University or any other University.

Date: 30/04/25

Place: Kolkata

Sweta Sah 30/4/25

Work under supervision of

Dr. SWETA SAH

Assistant Professor

Department of Psychology

Sister Nivedita University

PLAGIARISM CERTIFICATE

"I, Priyanka Saroj, hereby declare that the research work titled, '**To Examine The Difference Between Physically Active And Inactive Participants On Achievement Motivation, General Self Efficacy And Perceived Stress**' conducted by me, has been completed with full honesty and integrity. I confirm that the work is original, and all sources of information have been appropriately acknowledged and cited. Furthermore, I affirm that the research work has undergone through plagiarism checks to ensure its authenticity. I take full responsibility for the content and findings presented in this research."

Signature: Priyanka Saroj

Name: Priyanka Saroj

Enrolment Id: 2322230002119

Program: M.Sc. in Applied Psychology

Clinical Psychology Specialization

Year: 2025

ACKNOWLEDGEMENT

The completion of this paper would not have been possible without the guidance and help of many people. Here I would like to extend my sincere thanks to all of them.

First and foremost, I want to thank my supervisor Dr. Sweta Sah Ma'am, Department of Applied Psychology, Sister Nivedita University. She is not merely my guide in this research work, but she had been always there to help me. I am extremely happy that I have been able to complete this work under her careful guidance and constructive help. My personal regards for her. I really will be indebted to her for her constant support. And also, I would like thank the other professors of our department who also gave invaluable support throughout the work. They were of every assistance to me.

On a personal note, I would like to thank my family, especially my father Mr. Rajesh Saroj and my mother Ms. Urmila Saroj, and my whole family for their unwavering encouragement and understanding during this challenging journey. Their love and support kept me motivated during moments of doubt.

I would like to thank to my friends who encouraged me and helped me many ways.

Working on this paper has been an unforgettable experience I have learned many things from many people, have gained detailed knowledge about my topic which I will be able to utilize in future.

Beyond all, I thank my Supreme God for showing me path and leading me in my goal in his own unique way.

Date: 30/04/25

Place: Department of Applied Psychology

Sister Nivedita University, Kolkata

Priyanka Saroj

Roll No- 2322230002119

Reg No- 230021191481

ABSTRACT:

The present study deals with the difference between physically active and inactive participants on achievement motivation, general self-efficacy and perceived stress among young adults. This study investigates the impact of physical activity on psychological and performance-related outcomes among young adults (N = 60), focusing on achievement motivation (academic, vocational, social, and skill), general self-efficacy, and perceived stress. Descriptive statistics revealed moderate to high levels of achievement motivation and notably high self-efficacy, alongside relatively low perceived stress across the sample. Comparative analysis using independent samples t-tests showed a significant difference only in social achievement ($p = .038$), with physically active participants scoring higher, suggesting that physical activity may enhance interpersonal functioning through increased social engagement. Other variables, including academic success, vocational achievement, skill achievement, self-efficacy, and perceived stress, did not differ significantly between active and inactive groups. These findings imply that while physical activity is associated with positive psychological traits like self-efficacy and stress management, its effects may be domain-specific, with more noticeable benefits in socially interactive contexts. The study highlights the nuanced role of physical activity in fostering psychological resilience and functional success, emphasizing the importance of contextual and individual differences in interpreting its impact.

CHAPTER- 1

INTRODUCTION:

ACHIEVEMENT MOTIVATION:

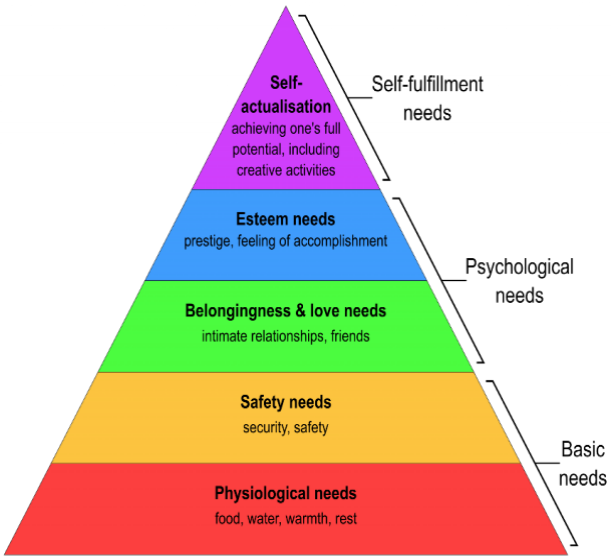
The Latin word "**movere,**" meaning to move, is where the term "motivation" originates. An internal force that energizes and directs behavior is known as motivation. The forces acting on or within an individual that arouse, direct, and sustain goal-directed, voluntary effort are collectively referred to as motivation.

Motivation is the process that begins, directs, and maintains goal-oriented activities to meet human desires, according to **Abraham Maslow's** Hierarchy of needs Theory. Maslow postulated that a hierarchy of wants, ranging from basic to more sophisticated requirements, drives human motivation**.** A person's desire to achieve goals, perform well on assignments, and pursue success is referred to as achievement motivation. This psychological idea explains why people set difficult goals, persevere through difficulties, and take joy in their achievements. Extrinsic (rewards, recognition) or intrinsic (personal fulfilment, self-improvement) variables may be the source of the motivation.

Abraham Maslow's Hierarchy of Needs-

As a social psychologist, Abraham Maslow was more concerned in the wide range of human psychological needs than in specific psychological issues. His notion of the hierarchy of wants is his most well-known contribution. Abraham Maslow, an American psychologist, put out Maslow's Hierarchy of Needs as a theory of motivation in his 1943 work "A Theory of Human Motivation." According to the notion, people's needs are organized in a hierarchy, with basic wants having to be met before moving on to more complex ones. Maslow divided these needs into five categories:

- **Physiological needs**
- **Security needs**
- **Belongingness needs**
- **Esteem needs**
- **Self-actualisation needs**



PSYCHOLOGICAL NEEDS- The most fundamental requirements for survival, such as the need for food, oxygen, water, and sleep, are referred to as physiological demands. Since all other wants become secondary until these physiological requirements are satisfied, Maslow thought that these demands were the most fundamental and instinctive in the hierarchy.

SECURITY NEEDS- Safety and security demands are among the security needs. Although security needs are less demanding than physiological demands, they are nonetheless necessary for survival. A desire for stable work, health insurance, safe neighbourhoods, and environmental protection are a few examples of security demands.

BELONGINGNESS NEEDS- Needs for love, affection, and belonging are examples of social needs or belongingness needs. Maslow believed that security and physiological requirements were more fundamental than these needs. Involvement in social, communal, or religious groups, as well as friendships, sexual ties, and families, all contribute to meeting this desire for acceptance and companionship.
ESTEEM NEEDS- Following the satisfaction of the first three wants, esteem needs gain significance. These include the urge for items that demonstrate accomplishment, social acknowledgment, self-worth, and self-esteem.
SELF ACTUALIZATION NEEDS- The top level of Maslow's hierarchy of requirements is known as self-actualizing needs. Self-actualizing individuals are self-aware, focused on their own development, less preoccupied with other people's perceptions, and eager to reach their full potential.

A pyramid is the most widely used illustration of Maslow's hierarchy of needs. The most fundamental needs are found at the base of the pyramid, while the more sophisticated needs are found at the summit. Basic physical needs, such as the need for warmth, food, water, and sleep, are at the base of the pyramid. People can go to the next level of requirements, which are for safety and security, if these lower level needs have been satisfied. Needs grow more social and psychological as people go up the pyramid. Intimacy, companionship, and love become essential very quickly. The demand for self-worth and a sense of achievement rises in importance as one moves up the pyramid. Maslow, like Carl Rogers, emphasized the significance of self-actualization, which is the process of personal growth and development in order to reach one’s potential.

- **MC CLELLAND’S THEORY OF NEED**

According to David McClelland, a person's unique requirements are developed throughout time and influenced by their experiences in life. The majority of these demands fall into one of three categories: power, affiliation, or achievement. These three demands affect a person's motivation and efficacy in specific work responsibilities. The three needs theory or the learned needs theory are other names for McClelland's theory.

The Thematic Aptitude Test (TAT), a projective technique, was employed by McClelland to assess individuals in three areas: affiliation, success, and the demand for power. People who have a great craving for power operate in ways that influence other people's behavior and evoke powerful feelings in them. The desire for

power can manifest itself in ways that are socially acceptable (a socialized power orientation) or careless and Self-centred (a personalized power orientation.

Individuals with a strong drive for success take pleasure in competing against some benchmark and distinctive achievement. High achievers choose assignments that push them to perform at their highest level but are neither too easy (anyone could complete them) nor too hard (the likelihood of success depends more on luck than skill). Being liked and accepted is very important to people with a strong need for affiliation. These people have a propensity to build, preserve, and mend stronger interpersonal bonds with others.

NEED FOR ACHIEVEMENT: Individuals who have a high desire for achievement (nAch) prefer to avoid high-risk and low-risk circumstances because they strive for excellence. Because readily acquired success is not a true achievement, achievers steer clear of low-risk situations. Achievers perceive the results of high-risk ventures as the result of luck rather than their own hard work. People with high nAch seek jobs with a reasonable possibility of success, preferably 50%. In order to track the development of their accomplishments, achievers require frequent feedback. They either like working alone or with other accomplished people.

NEED FOR AFFILIATION: People who have a strong need for affiliation (nAff) require positive interpersonal ties and acceptance from others. They frequently follow the rules set forth by their workplace. People with high nAff enjoy jobs that involve a lot of face-to-face interaction. They do well when interacting with clients and providing customer service.

NEED FOR POWER: There are two categories of power needs (nPow): institutional and personal. People who have a craving for personal power want to control other people, which is frequently seen as undesirable. People who require institutional power, sometimes referred to as social power, wish to coordinate others' efforts in order to advance the organization's objectives. Compared to managers who have a strong desire for personal power, those who have a strong need for institutional power are typically more effective.

PERCEIVED STRSS

Stress- Stress affects people of all ages, occupations, and backgrounds and is an unavoidable aspect of human existence. It is the body's normal reaction to demands, threats, or challenges; it sets off a chain of physical and mental events. The body releases hormones like cortisol and adrenaline to prepare the body to either confront or flee a stressful situation. This is known as the "fight-or-flight" reaction. Although this reaction is necessary for survival in perilous circumstances, extended stress exposure can have negative

effects. Stress, which includes both physical and emotional reactions, is a normal human reaction to perceived difficulties or threats.

In **1930, Hans Selye** defined stress as the body's general reaction to any demands placed upon it.

The American Psychological Association (APA) distinguishes between three categories of stress: **1. Acute Stress:** An abrupt and transient reaction to a perceived danger, difficulty, or unforeseen circumstance is known as acute stress. It sets off the body's "fight-or-flight" reaction, readying the person to respond swiftly to the circumstance. The most prevalent kind of stress usually goes away when the event is over. For instance, natural catastrophes like earthquakes, fires, or floods, or the unexpected death of a loved one.

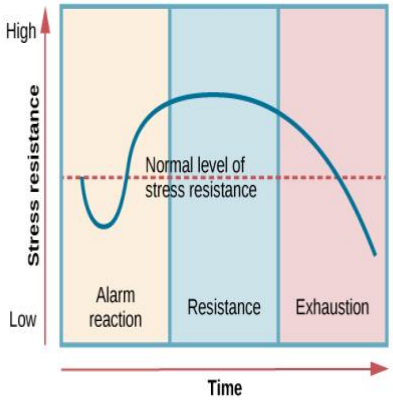
2. Episodic Acute Stress: This type of acute stress is experienced by a person on a regular basis, usually as a result of taking on excessive tasks or leading a life that is always chaotic or urgent. Episodic acute stress develops into a recurrent pattern, resulting in a lifestyle characterized by frequent tension and crisis, in contrast to regular acute stress, which is sporadic and transient. For instance, uncontrollable rage or irritation. **3. Chronic Stress:** When a person experiences uncontrollable difficulties or unfavourable circumstances, they may experience chronic stress, a protracted and persistent type of stress. Chronic stress persists for a long time, frequently weeks, months, or even years, in contrast to acute stress, which is transient. The effects of this ongoing elevated stress can be detrimental to one's physical, mental, and emotional health.

Perceived Stress:

Unpredictable, unmanageable, or overwhelming circumstances are generally regarded as stressful in life. According to **Cohen et al. (1983),** perceived stress in this refers to the actual amount of stress experienced as a result of objective stressful events, coping mechanisms, and personality traits.

GENERAL ADAPTATION SYNDROME OF STRESS - The body's physiological reaction to stress is described by Hans Selye's General Adaptation Syndrome model. It was first presented in the 1930s and describes the three phases that the body goes through as a result of prolonged exposure to the stressor. These phases describe how stress might result in fatigue or adaptability.

There are three stages to the General Adaptation Syndrome (GAS):



1. **ALARM REACTION:** The body's first response to a stressor is known as the Alarm Stage. Stress hormones like cortisol and adrenaline are released when the fight-or-flight response is activated. Physical changes like Rapid breathing, elevated heart rate, and increased alertness.
2. **RESISTANCE STAGE:** The individual attempts to deal with the threat, such as by confronting it, during the second phase, resistance. The body makes an

effort to adjust and manage the stress. The body attempts to return to normal, but hormone levels stay high. Long-term resistance might cause
exhaustion, agitation, and trouble focusing.

3. **EXHAUSATION STAGE:** If the individual is unable to overcome the threat and uses up all of their physiological resources in the process, they enter the third phase, fatigue. Prolonged stress can cause major health problems like depression, anxiety and hearth disease.

EFFECTS OS STRESS-

Stress causes the body to go through a series of physiological reactions that are mostly controlled by the hypothalamic-pituitary-adrenal (HPA) axis and the autonomic nerve system (ANS). Although the body uses these reactions to get ready for a "fight-or-flight" response, prolonged stress can have negative consequences.

1. **Physiological effects of stress-**

- **Nervous System Response-**
  - Activation of the sympathetic nervous system: This causes the release of noradrenaline and adrenaline, which raises blood pressure, heart rate, and alertness.
  - Recovery is delayed when the body's relaxation reaction is suppressed by the parasympathetic nervous system.
- **Endocrine System Response-**
  - Cortisol Release: The HPA axis releases cortisol, which controls immunological response and metabolism but can be harmful if it is continuously increased.
  - Elevated Blood Sugar Levels: Over time, cortisol raises the risk of insulin resistance by causing the release of glucose for immediate energy.
- **Cardiovascular System Effects-**
  - Elevated blood pressure and heart rate: To increase blood flow to muscles, but long-term increases might cause hypertension and cardiovascular disorders.
  - Increased Risk of Heart Attack or Stroke: As a result of ongoing stress on the heart and blood vessels.
- **Respiratory System Effects-**
  - Purpose of rapid breathing, or hyperventilation, is to increase oxygen delivery; nevertheless, chronic hyperventilation can result in dizziness breathing difficulties and anxiety**.**
- **Immune System Suppression-**
  - Weakened Immunity: Extended cortisol release impairs immunological function, increasing the body's vulnerability to infections and delaying the healing of wounds.

- **Digestive System Effects-**

- Reduced Digestion: Indigestion, acid reflux, and irritable bowel syndrome (IBS) are caused by blood being redirected away from digestion.
- Higher Risk of Ulcers: As a result of too much stomach acid.

➢ **Musculoskeletal System Effects-**

- Muscle Tension: Chronic tension can cause musculoskeletal pain, migraines, and headaches.

➢ **Reproductive System Effects-**

- Decreased Fertility and Libido: Prolonged stress can interfere with hormone balance and reproductive processes.

➢ **Long-Term Consequences-**

- Conditions including obesity, diabetes, anxiety, depression, and autoimmune illnesses are all made more likely by chronic stress.

2. **Psychological effects of stress-** Emotions, behaviour, and cognitive processes can all be significantly impacted by stress.

➢ **Impact on Emotions**

- Anxiety and Worry: Constant discomfort, trepidation, and fear.
- Anger and Irritability: heightened impatience, frustration, and mood fluctuations.
- Sadness or Depression: Extended stress might cause depressive or hopeless sentiments.
- Experiencing Overwhelm: inability to handle responsibilities and demands.

➢ **Cognitive Effects-**

- Challenge Concentrating: Having difficulty concentrating, recalling specifics, or coming to decisions.
- Racing Thoughts: These are recurring, frequently unfavourable thoughts that interfere with relaxation.
- Poor judgment: This results in rash or illogical decisions due to impaired decision-making.
- Forgetfulness: Mental overload causes memory lapses.

➢ **Impact on Behaviour-**

- Appetite changes, such as overeating or undereating.
- Sleep disturbances: Having trouble falling asleep, remaining asleep, or getting a good night's sleep.
- Social Withdrawal: Avoiding or isolating oneself from others.
- Increasing Substance Use: Using drugs, alcohol, or cigarettes as a coping method.

➢ **Physical Effects with Psychological Roots-**

- Fatigue and Exhaustion: Physical fatigue can be a sign of mental stress.
- Prolonged mental stress is frequently associated with headaches and tense muscles.

➢ **Long-Term psychological Effects-**

- Burnout: a feeling of alienation, diminished motivation, and emotional tiredness.

- Post-Traumatic Stress Disorder (PTSD): In severe situations, prolonged stress exposure can cause trauma reactions.
- Elevated Chance of Anxiety/Depression Disorders: Prolonged stress might result in mental health disorders.

SELF EFFICACY-

Self-efficacy is a person's confidence in their capacity to carry out and complete particular actions or objectives. It shows confidence in one's ability to influence one's own surroundings, behaviour, and motivation in order to accomplish desired results.

Self-efficacy is the conviction that one can plan and carry out the required steps to accomplish particular objectives or deal with circumstances in an efficient manner. Bandura asserts that self-efficacy influences people's thoughts, feelings, and behaviours, which in turn influences their drive and perseverance in the face of adversity.

DEVELOPMENT OF SELF EFFICACY DURING LIFESPAN-

The term "self-efficacy," coined by psychologist Albert Bandura, describes a person's confidence in their capacity to carry out tasks and accomplish objectives. It evolves gradually over the course of a lifetime and is influenced by social interactions, environmental circumstances, and personal experiences. Self-efficacy development is a dynamic process, with different life stages presenting different obstacles and chances for development.

- **Childhood: Building Foundations Through Mastery and Modelling-**

In childhood, self-efficacy begins to take root through early interactions with caregivers and the environment. Children gain a sense of competence when they successfully perform activities, such as learning to walk, talk, or solve simple problems. These experiences of mastery serve as the foundation for their belief in their abilities. Parental encouragement and positive reinforcement play a significant role during this stage. Additionally, youngsters observe and copy the behaviours of others around them, notably parents, siblings, and teachers. They gain confidence in their own abilities when they witness others completing tasks successfully. Their developing sense of self-efficacy may also be influenced by social comparisons with peers.

- **Adolescence: Shaping Identity and Facing Challenges-**

Self-efficacy keeps growing throughout adolescence as people face increasingly difficult emotional, social, and scholastic obstacles. Teenagers start to discover who they are and push themselves, frequently establishing objectives and embarking on tasks that call for perseverance. While failure or criticism can erode their confidence, success in extracurricular activities, academics, and social interactions can boost it. During this

time, peer pressure becomes important because teenagers evaluate themselves against their peers and get feedback that affects how they see themselves. Additionally, the development of problem-solving skills and emotional regulation contributes to their growing sense of control over their environment.

- **Young Adulthood: Transitioning to Independence-**

Young adults encounter new opportunities to show competence and resilience as they move into higher education, careers, and relationships. Self-efficacy is reinforced when people successfully manage challenges like finishing school, finding work, and forming meaningful relationships. Setting and achieving personal and professional goals strengthens the belief that one can handle the complexities of life. On the other hand, setbacks, like relationship or career difficulties, may temporarily undermine self-efficacy, but people with a strong foundation of self-belief are more likely to persevere through these challenges and adjust to new circumstances.

- **Middle Adulthood: Balancing Multiple Roles and Responsibilities-**

The need to juggle a variety of responsibilities throughout middle life, including managing relationships, keeping up a profession, and raising children, frequently tests one's self-efficacy. People who have overcome obstacles in the past are more likely to take on these tasks with assurance. They use their prior knowledge to effectively address novel circumstances and resolve issues. A sustained sense of self-efficacy is influenced by proficiency in achieving professional objectives, maintaining work-life balance, and helping family members. Furthermore, guiding or mentoring younger generations strengthens their sense of purpose and competence.

- **Late Adulthood: Adapting to Life Transitions-**

The capacity to adjust to aging-related changes, including retirement, health issues, and changes in social responsibilities, may have an impact on self-efficacy in late adulthood. Preserving self-efficacy during this time requires maintaining a sense of independence and autonomy. Maintaining social connections, taking part in worthwhile activities, and adjusting to cognitive and physical changes all contribute to older individuals' positive self-perception. Even though deteriorating physical capabilities can be difficult, people who maintain realistic goals and an optimistic outlook on life frequently feel effective for a long time.

Self-efficacy grows gradually and is impacted by a complex web of social relationships and experiences. It changes when people face and conquer obstacles at various phases of their lives, enabling them to develop a strong belief in their capacity to control their own fates.

ALBERT BANDURA'S CONCEPT OF SELF EFFICACY-

A fundamental element of Albert Bandura's Social Cognitive Theory, which highlights how social interactions, cognitive processes, and observational learning influence behaviour, is his Theory of Self-Efficacy.

There are five primary sources of influence that might shape people's perceptions of their effectiveness. The best way to develop a strong sense of effectiveness is through mastery experiences. Achievements foster a strong sense of self-efficacy. It is undermined by failures, particularly when they take place before a sense of efficacy is well established. People who only have easy triumphs grow accustomed to expecting fast results and become easily demoralized by setbacks. Experience conquering challenges with persistent effort is necessary to develop a robust sense of efficacy. Some failures and challenges in human endeavours are helpful in showing that perseverance is typically necessary for success. People endure in the face of hardship and swiftly recover from setbacks once they believe they have what it takes to achieve.

- **Performance Experience**

Experiences of mastery are the primary source of self-efficacy. To boost self-efficacy, however, nothing is more potent than directly experiencing mastery. Being successful, for instance, in controlling an environment or mastering a task, will strengthen self-confidence in that field, while a failure will erode that belief in efficacy. It takes experience conquering challenges with hard work and persistence to develop a robust sense of self-efficacy.

- **Vicarious Experience**

Observing those around us, particularly those we view as role models, is the second source of self-efficacy. Observing others who are similar to us achieve success through perseverance strengthens our conviction that we are capable of mastering the skills required for success in that field.

- **Social Persuasion**

Our conviction that we possess the necessary skills for success can be reinforced by significant others in our lives, such as parents, instructors, supervisors, or coaches. Convinced that we are capable of mastering particular tasks increases our likelihood of exerting ourselves and maintaining it in the face of difficulties.

- **Imaginal Experiences**

James Maddux, a psychologist, proposed "imaginal experiences," or the practice of seeing oneself acting successfully or efficiently in a particular circumstance, as a fifth path to self-efficacy.

- **Physical And Emotional State**

How you assess your level of self-efficacy will depend on your current situation. For instance, depression might erode our self-confidence. Tension or stress responses are seen as indicators of a person's susceptibility to subpar performance, although happy feelings can increase our self-confidence in our abilities.

PHYSICAL ACTIVITY

Being physically active is essential for preserving general health and wellbeing. In order to maintain a healthy lifestyle and enhance general wellbeing, physical activity is essential. Regular exercise improves cardiovascular health, elevates emotional well-being, lowers the chance of chronic diseases, and strengthens bones and muscles. The importance of integrating physical activity into everyday activities has never been greater in the fast-paced, sedentary society of today. Being active greatly increases the likelihood of living a longer, healthier life, whether through organized sports like yoga, swimming, jogging, and weightlifting or more casual pursuits like cycling or walking.

Because it plays a major role in the development of chronic health disorders and poor general well-being, physical inactivity has become an increasing issue in modern culture. Many individuals are living sedentary lives as a result of the growing use of technology, spending a lot of time at desks, and engaging in fewer outside leisure activities. Diabetes, heart disease, obesity, and even mental health conditions like anxiety and depression can result from a lack of regular physical activity. People of all ages continue to suffer from physical inactivity despite the well-established advantages of maintaining an active lifestyle. The reasons and effects of physical inactivity are examined in this conversation, which also emphasizes how crucial it is to encourages active lifestyles in order to avoid long term health issues.

Based on their levels of physical activity, study or program participants can typically be divided into two groups: physically active and physically inactive. Participants who are physically active regularly exercise or partake in physical activities that adhere to specified standards, which enhances cardiovascular health, muscle strength, mental health, and the avoidance of chronic diseases. Physically inactive people, on the other hand, may lead sedentary lifestyles and do not regularly exercise, which raises their chance of developing diabetes, obesity, and cardiovascular illnesses, among other health problems. Although the many physiological benefits of physical activity have long been known, so is its influence on psychological aspects like perceived stress, self-efficacy, and achievement motivation. Perceived stress is a measure of how stressed a person feels in reaction to outside obstacles, self-efficacy is the conviction that one can succeed in particular tasks, and achievement motivation is the desire to establish and achieve goals. Physical activity can have a significant impact on these psychological dimensions; in general, regular physical activity is associated with improved stress management, increased motivation, and increased self-efficacy.

PHYSIOLOGICAL BENEFITS OF PHYSICAL ACTIVITY-

- **A better state of cardiovascular health –** Frequent exercise increases circulation and strengthens the heart. It lowers blood pressure, raises HDL (good cholesterol), lowers LDL (bad cholesterol), and improves cardiovascular system performance. This reduces the risk of hypertension, heart disease, and stroke.

- **Increased Endurance and Muscular Strength-** Strength, endurance, and muscle growth are all enhanced by exercise. By boosting the number and effectiveness of muscle fibres, it improves muscle function, preserving mobility and lowering the risk of falls, particularly in older persons.
- **Joint and Bone Health Improvement-** Walking, running, and resistance training are examples of weight-bearing exercises that improve bone density and lower the risk of osteoporosis and fractures. Additionally, exercise increases joint flexibility and lowers the incidence of joint pain and arthritis.
- **Increased Effectiveness of the Respiratory System-** Jogging and swimming are examples of aerobic exercises that increase lung capacity and oxygen exchange, which improves breathing efficiency. This improves endurance and general respiratory function.
- **Improved Weight Control and Metabolism-** Frequent exercise increases metabolism, which facilitates more effective calorie burning. By boosting lean muscle mass and lowering fat buildup, it lowers the risk of obesity and helps maintain a healthy weight.
- **Blood Sugar Level Regulation-** Engaging in physical activity lowers the risk of type 2 diabetes via regulating insulin sensitivity and glucose metabolism. It improves the body's capacity to use insulin and keep blood sugar levels steady.
- **Better Immune System Performance-** By encouraging improved immune cell circulation, moderate exercise strengthens the immune system and improves the body's ability to fight off infections and diseases.
- **Improved Brain and Nervous System Health-** Increased blood flow to the brain from physical activity improves memory, focus, and cognitive performance. Additionally, it promotes the production of growth factors and neurotransmitters that maintain brain plasticity and nerve health.

PSYCHOLOGICAL BENEFITS OF PHYSICAL ACTIVITY-

- **Reduce stress and anxiety-** By reducing cortisol levels, the body's stress hormone, physical activity helps people feel less stressed. Additionally, it encourages the release of endorphins, which are organic mood enhancers that reduce anxiety and enhance mental health in general.
- **Better Mental and Emotional Well-Being -** Serotonin and dopamine, two neurotransmitters that improve mood and provide sensations of enjoyment, are released when you exercise. Because of this, engaging in physical activity can effectively counteract depressive, irritable, and emotionally distressing feelings.
- **Improved Focus and Cognitive Function-** Frequent exercise increases blood flow to the brain, which enhances concentration, memory, and problem-solving skills. It helps prevent cognitive decline and diseases like dementia by encouraging neurogenesis, or the growth of new brain cells.

- **Better Sleep Quality-** By assisting in the regulation of the body's circadian cycle, physical activity encourages deeper and more restful sleep. It lengthens the duration of deep sleep and shortens the time it takes to fall asleep, both of which are critical for mental well-being.
- **A greater sense of confidence and self-worth -** Self-confidence and body image can be enhanced by reaching fitness objectives and leading an active lifestyle. Being physically fit and powerful enhances one's sense of self-worth and helps one develop a positive self-image.

- **Increased Capability to Handle Mental Health Conditions -** Engaging in physical activity can help prevent mental health conditions like anxiety and sadness. Frequent exercise can be used as a supplemental treatment to manage mental health and has been demonstrated to lower the chance of developing these problems.
- **Improved Emotional Control and Coping Mechanisms-** Engaging in physical activity offers a constructive way to release unpleasant feelings and frustrations. It improves the brain's capacity to control emotions and deal with day-to-day difficulties.
- **Increased Mental Acuity and Creativity-** By improving mental flexibility and clearing the mind, physical activity—especially cardiovascular workouts like running or walking—can foster creative thinking and enhance problem-solving abilities.

DISADVANTAGES OF PHYSICAL ACTIVITY-

- **Physiological Disadvantages-**

Although physical activity generally improves general health, there are some circumstances or conditions in which it may have adverse physiological effects. The following are some possible disadvantages:

- **Increased Risk of Injury:**
  - Improper technique or excessive use can cause muscle damage, including strains and tears.
  - Joint Damage: Repetitive stress can contribute to joint wear and tear, leading to osteoarthritis.
  - Fractures and Stress Injuries: High-impact activities may increase the risk of bone fractures, especially in individuals with osteoporosis or weak bones.

- **Cardiovascular Stress:**
  - Arrhythmias: Intense exercise can sometimes trigger irregular heartbeats in susceptible individuals.
  - Sudden Cardiac Events: Rare but possible, especially in individuals with undiagnosed heart conditions (e.g., hypertrophic cardiomyopathy or coronary artery disease).

- **Suppression of the Immune System:**

- Post-Exercise Immunosuppression: Prolonged or intense physical activity can momentarily weaken the immune system, increasing the body's vulnerability to infections.

➢ **Excessive Oxidative Stress:**

- Cellular Damage: Prolonged or high-intensity exercise raises the formation of free radicals, which can cause oxidative stress and, if antioxidant defences are weak, tissue damage.

➢ **Unbalanced Hormones:**

- Cortisol Increase: Excessive or prolonged exercise boosts cortisol levels (stress hormone), which can contribute to fatigue, delayed recovery, and immunological dysfunction.
- Menstrual irregularities: Excessive activity in female athletes can cause amenorrhea, or the loss of monthly cycles, and lower estrogen levels, which raises the risk of osteoporosis.

➢ **Rhabdomyolysis, or the breakdown of muscles:**

- Severe Muscle Damage: Prolonged or extremely strenuous exercise, particularly when dehydrated, can induce rhabdomyolysis, a condition in which muscle tissue decomposes and releases toxins into the bloodstream, which may injure the kidneys.

➢ **Reduced Blood Flow to GI Tract Due to Gastrointestinal Distress:**

- When exercising for an extended period of time, blood is redirected from the digestive system to the muscles, which can cause cramps, diarrhoea, or nausea.
- Mental and Physical Fatigue Overtraining Syndrome: Prolonged exhaustion, poor performance, irritability, and even depression can result from excessive physical activity without enough rest.

➢ **Dehydration and Unbalanced Electrolytes:**

- Heat Exhaustion or Heat Stroke: Extended or strenuous exercise in hot weather can cause dehydration, heat exhaustion, or heat stroke, which can be fatal.

➢ **Adverse effect on bone density:**

Insufficient Energy Availability: Too much exercise without enough food can cause poor bone mineral density, which raises the risk of fractures. These dangers can be reduced with moderation, appropriate technique, enough sleep, and customized exercise regimens.

❖ **Psychological Disadvantages-**

Even though physical activity is frequently associated with better mental health, there are certain psychological drawbacks in some situations, especially when it becomes excessive, poorly managed, or out of proportion to a person's demands or emotional condition. The following are some possible disadvantages:

- **Exercise Dependency and Addiction-**

- Compulsive Need to Exercise: People may become psychologically dependent on exercise, which can make them feel guilty or anxious if they skip a session.
- Negative Effect on Social Life and Responsibilities: Isolation and imbalance may result from placing exercise above relationships, employment, or other obligations.
- Enhanced Performance Due to Stress and Anxiety: The intense pressure that competitive athletes may have to perform can cause anxiety and stress to rise.
- Fear of Injury or Failure: Persistent stress can be exacerbated by worries about possible injury or not achieving objectives.

- **Dysmorphia and Problems with Body Image-**

- Obsessive attention on Appearance: An unhealthy body image or disorders such as muscular dysmorphia (an obsession with gaining muscle mass) or orthorexia (an obsession with "clean" food) can result from an excessive attention on physical fitness.
- Comparisons and Low Self-Esteem: In fitness settings, comparing oneself to others all the time might cause emotions of inadequacy or body dissatisfaction.

- **Demotivation and Burnout-**

- Mental Exhaustion: Burnout and mental exhaustion can be brought on by overtraining or an obsessive focus on reaching fitness objectives.
- Loss of Enjoyment: People may grow disinterested and unmotivated in exercising if it turns into a duty or task, which makes it challenging to stick to a regular schedule.

- **Social Exclusion-**

- Social Disengagement: People who are overly preoccupied with their fitness objectives may distance themselves from friends, family, and social events.
- Neglect of Personal Relationships: Excessive exercise time might cause loneliness and strained relationships.

- **Excessive expectations and perfectionism-**

- Obsessive Goal-Setting: A persistent pursuit of physical or performance excellence can result in inflated expectations, which can cause annoyance and discontent.

- Fear of Failure: People may form an unhealthy relationship with physical activity as a result of their fear of not reaching predetermined goals.

➢ **Overtraining Is Associated with Depression-**

- Mood Disturbances: Chemical imbalances in the brain brought on by overtraining can exacerbate symptoms of irritation, exhaustion, and despair.
- Inadequate Rest and Recovery: Not getting enough sleep can exacerbate mental and emotional exhaustion.

➢ **Guilt and Shame-**

- Missing Workouts: People who are too committed to their exercise regimens may feel guilty or ashamed when they skip a session, which can start a vicious cycle of unpleasant emotions.
- Inability to Reach Fitness Goals: Not reaching goals might result in low self-esteem and negative self-talk.

➢ **An obsession with metrics and tracking-**

- Overemphasis on Data: An unhealthy obsession with numbers and progress can result from continuously measuring steps, calories, or performance indicators.
- Loss of Intuitive Connection to the Body: Ignoring the body's cues for rest or adjustment might result from relying only on outside information.

➢ **A Higher Chance of Eating Disorders-**

- Exercise and Dieting: Excessive physical activity can be linked to restrictive eating habits, which can Cause or exacerbate eating disorders like bulimia or anorexia.

These psychological hazards can be reduced with balanced, conscious physical activity that incorporates proper rest, flexibility, and positive motivation.

In this study, I took in different forms of physical activities, including yoga, gym workouts, jogging, swimming, dancing, and walking. These activities were not undertaken for competitive purposes but rather for personal well-being. The primary aim was to enhance overall physical health and fitness. By engaging in these activities, participants aimed to maintain a healthy lifestyle, boost energy levels, and support physical and mental well-being.

CHAPTER – 2

REVIEW OF LITERATURE

Achievement Motivation

- The aim of the study was to make an overview about how personality traits, motivation and self-regulation might differ between physically active and sedentary participants.

The study discusses the link between exercise and executive functions, focusing on how personality, motivation, and self-regulation influence this relationship. Research suggests that physically active individuals tend to be more extroverted, conscientious, and open to experiences, whereas sedentary individuals exhibit higher neuroticism and lower self-regulation. The study evaluates these factors in young adults using personality and motivation assessments.

Results indicate that active participants show greater emotional stability, extraversion, openness, and self-regulation, including better inhibitory control. The findings support designing physical activity programs to promote cardiovascular exercise in populations with high inactivity levels. (**Concepsion Padilla and Pilar Andres 21 Aug, 2021).**

- The aim of the study was to examine the relationships between participation in physical activity, health-related self-efficacy, and stress levels among Taiwanese college students. The primary goal is to explore how physical activity influences students' health behaviours. The secondary goal is to assess the impact of physical education courses on stress management. Lastly, the study seeks to identify the reasons why Taiwanese college students engage in physical activity.

The study investigates the relationships among physical activity participation, health-related self-efficacy, and stress levels among college students in southern Taiwan. Using self-efficacy theory, the study surveyed 117 female and 323 male students from five schools.

The findings suggest that students with higher stress levels had intentions to exercise but did not follow through. Physical activity self-efficacy was a key predictor of perceived stress but did not significantly correlate with physical activity behaviours. Cognitive factors, including perceived stress, nutrition self-efficacy, and physical activity identity, influenced students' coping mechanisms. **(Tsung-I Pai, 2006)**

- The study discusses on physical inactivity, a major global health issue linked to chronic diseases. The study, based on the National Heart Foundation of Australia Heart Week Survey (March 2015), surveyed 894 Australian adults (ages 25–54) about their motivations and barriers to physical activity.
- Among active individuals (n = 696), common motivations included weight management (36.6%), health condition management (17.8%), and appearance improvement (12.8%).

- Women were more likely than men to cite weight management as a motivation (43.8% vs. 31.9%).
- Among inactive individuals (n = 198), the most common barrier was lack of time (50.0%).

The study emphasizes the need to understand beliefs and perceptions influencing physical activity to improve public health promotion. Materials which used in this study was, Heart Week Survey active and inactive categories, items relating to motivations and barriers to physical activity with proportions. **(Erin Hoare, Bill Stavreski, Garry L. Jennings and Bronwyn A. Kingwell on 28 June 2017)**

- ❖ The aim of the study was to analyse the motivational characteristics of different Physical Activity profiles based on adolescents' engagement in Structured Sports Club Physical Activity (SC-PA) and Unstructured Leisure-Time Exercise Physical Activity (LTE-PA).

The study discusses on the motivational characteristics of adolescents engaging in structured (sports clubs, SC) and unstructured (leisure-time exercise, LTE) physical activities (PAs). The research analysed 1332 adolescents (average age 14.27 years) and identified two PA profiles: low-PA (SC + LTE >10 hours/week) and high-PA. A subsample of 536 participants (mainly female) had an average of 5.41 hours/week SC PA and 5.42 hours/week LTE. The male subgroup had six PA profiles, showing similar motivational characteristics across them. SC-based PA was the strongest contributor to overall PA and should be promoted to encourage exercise adherence.

In conclusion, the study challenges the common belief that greater motivation directly leads to higher exercise levels. While many participants showed strong motivation, they were not sufficiently active, suggesting that other factors hinder physical activity. The study highlights the role of sports clubs in promoting exercise and identifies socioeconomic barriers such as club membership costs and facility accessibility. Policy changes should focus on increasing youth participation in sports clubs to improve exercise opportunities. **(Armando Cocca, Michaela Cocca, Klaus Greier & Gerhard Ruedl on 2025)**

- ❖ The study examines the decline in physical activity among adults, emphasizing the role of motivation in sustaining exercise habits. It aims to determine whether participation motives vary by gender, age, and activity type. A quantitative, cross-sectional descriptive design was used, employing the Physical Activity and Leisure Motivation Scale (PALMS) to assess 1,360 adults (703 males, 657 females) who had been exercising for at least six months. PALMS includes 40 items covering eight motivation sub-scales. Participants were categorized into two age groups (20-40 years and 41-64 years) and five activity types (individual racing sports, bowls, team sports, racquet sports, and martial arts/exercise).

The results of this study indicate that people' strong and significant motivations for engaging in physical activity vary depending on the activity, age, and gender. Developing treatments to encourage greater levels of involvement requires an understanding of the factors that drive physical activity participation. **(Keyvan Molanorouzi, Selina Khoo and Tony Morris, on 2015)**

- The primary goal is to investigate the achievement motivation among school students and Madrasa students.

The study discusses the concept of motivation, particularly focusing on achievement motivation, which drives individuals to succeed and achieve their goals. It highlights that achievement goals influence how people perform tasks and demonstrate competence. The study investigates the differences in achievement motivation between Madrasa and School students. It uses the Achievement Motivation Scale (AMS) developed by Beena Shah (1986), which includes 40 items across four dimensions: Need for Academic Success, Need for Vocational Achievement, Need for Social Achievement, Need for Skill Achievement. The AMS was administered to 100 Madrasa and 100 School students from Aligarh. The results indicated significant differences in achievement motivation between the two groups.

In conclusion, schoolchildren exhibit greater achievement motivation than Madrasa pupils in a number of areas, such as skill development, social success, vocational success, and academic success. Some Muslim youngsters receive all of their official education from madrasas, while others receive it in addition to the secular education they receive in elementary and secondary schools. The qualities of the principal and teachers, the quantity of resources, the calibre of instruction, and homework are all associated with improved school performance. greater facilities, more qualified teachers, and greater resources were more important for success than school size, even if larger schools were linked to higher achievement. **(Keyvan Molanorouzi, Selina Khoo and Tony Morris, on 2015)**

General Self Efficacy

- The study examines the psychological factors associated with exercise stages in Turkish university students.

The study investigates the relationship between exercise and general self-efficacy, depression, and psychological well-being among 522 university students. Various scales and questionnaires, were used to assess participants. Differences in self-efficacy, depression, and well-being were analysed through ANOVA and Pearson correlation analysis. The results indicate that higher levels of exercise are associated with increased self-efficacy and psychological well-being, and lower depression levels. Continuity in exercise was found to have a positive impact on these psychological aspects. **(Gözde Ersöz, on 2017)**

- The study findings indicate that those who exercise have higher self-efficacy and psychological well-being, along with lower depression levels, compared to non-exercisers. Prior studies support the positive link between exercise, self-efficacy, and mental well-being, with regular physical activity reducing depression. However, some research contradicts these findings, showing no clear relationship between exercise and depression. Overall, the study aligns with research suggesting that exercise

positively impacts mental health. A study on the results of Exercise Select, an intervention program designed to encourage older persons to be more physically active, is discussed in the abstract. In addition to two important facilitators—self-efficacy and social support—the study examined self-reported levels of physical activity, with an emphasis on sedentary, mild, moderate, and strenuous activity.

At baseline, three months, and six months, surveys were administered using a non-equivalent group design. A control group (n = 267) was contrasted with the intervention group (n = 163). At the three-month and six-month follow-ups, the results demonstrated a significant decrease in sedentary behaviour and an increase in physical activity. The program's success in encouraging physical activity and dispelling the myth that older persons are incapable or unwilling to adopt healthier behaviour was validated by the study.

The conclusion emphasizes how Exercise Select improves the physical activity and general well-being of older persons. It attests to older persons' willingness to engage in multimodal lifestyle programs and adopt significant modifications in their health-related behaviours. In contrast to the vast number of older persons in need of such interventions, enrolment in other evidence-based programs is still low. Because of its well-known brand and background, exercise Select is acknowledged as a beneficial supplement to health programs, especially in Texas. Scalability and sustainability are improved when it is integrated into a governmental agency. To support other interventions including managing chronic diseases, preventing falls, and improving community design, the authors advise extensively promoting the program within the aging services industry. **(Marcia G. Ory, Shinduk Lee, Gang Han, Samuel D. Towne, Cindy Quinn, Taylor Neher, Alan Stevens and Matthew Lee Smith, 2018).**

- The study investigates the relationship between fear of falling (FOF), physical activity (PA), social support (SS), and general self-efficacy (GSE) in older adults from a Nigerian community.

100 older adults (65% female, mean age 74.25 years) from Nnewi were surveyed. Standardized questionnaires were used, and data were analysed with descriptive statistics, correlation, and structural equation modelling. Mean scores: FOF: 15.22 ± 7.43 (high fear), PA: 114.76 ± 90.18 (low)

GSE: 21.64 ± 8.25 (low), SS: 5.72 ± 1.19 (high), Significant correlations were found between FOF, PA, GSE, and SS. FOF and GSE were significant predictors of PA. GSE and SS significantly predicted FOF.

In Conclusion, FOF and SS were high, while PA and GSE were low in this group. Interventions should focus on reducing FOF and improving PA, GSE, and SS in older adults. (**Emmanuel C. Okoye, Ifeoma U. Onwuakagba, Cynthia C. Akile, BMR, Uchenna P. Okonkwo, Christopher O. Akosile, Ukamaka G. Mgbeojedo, Taiwo J. Oyewumi, on 2022)**

- The goal of the study is to expand on earlier research regarding the "stress-buffering effect" of fitness and physical activity. It aims to ascertain if factors including muscular strength, self-perceived fitness, cardiorespiratory fitness (CRF), and general physical activity might predict mental health outcomes and improve stress resilience. The second goal is to investigate whether the relationship between resilience, activity, and physical fitness is mediated by self-efficacy as a cognitive mechanism. The Longitudinal Resilience Assessment (LORA), a prospective study aimed at determining resilience mechanisms, provides the data used in this investigation.

The study highlights the incomplete understanding of the connection between resilience and fitness while discussing the relevance of physical activity and fitness in preventing stress-related diseases. The study investigated whether fitness and physical activity increase resilience by boosting self-efficacy.
Self-efficacy, habitual activity, cardiorespiratory fitness, and muscular fitness were evaluated in a longitudinal study of 431 healthy people. Over the course of nine months, stressor reactivity in relation to life events and everyday inconveniences was used to gauge resilience. The findings demonstrated that stress resilience was positively impacted by physical and self-perceived fitness, with self-efficacy acting as a partial mediating factor. Nevertheless, resilience was not predicted by cardiorespiratory fitness. The results emphasize the value of self-efficacy and fitness in preventing stress-related diseases and indicate that more study is required to pinpoint precise fitness metrics for enhancing resilience
All things considered, we could demonstrate that self-perceived fitness and muscle mass can be seen as separate, predictive factors in connection to stress tolerance over a period of many months. A mental process that underlies. Self-efficacy expectations appear to be a component of the relationship between muscular fitness and stress resilience. The research thus lends credence to the idea that fitness and the ensuing expectations of proficient self-efficacy may have complementary advantages for the advancement of mental health. **(R. J. Neumann, K. F. Ahrens, B. Kollmann, N. Goldbach, A. Chmitorz, D. Weichert, C. J. Fiebach, M. Wessa, R. Kalisch, K. Lieb, O. Tüscher, M. M. Plichta, A. Reif, S. Matura).**

- The study discusses on how COVID-19 lockdowns affected physical activity among college students, focusing on the mediating role of self-control between self-efficacy and physical activity. Data from 1,627 students (aged 17–28) at Shanghai Jiao Tong University were analyzed using the general self-efficacy scale, a brief self-control scale, and the International Physical Activity Questionnaire (IPAQ). Correlation analysis revealed that self-discipline mediated the relationship between self-efficacy and physical activity, while impulse control did not. Gender differences were also noted, with females requiring higher self-discipline for improvements in physical activity than males. Various Scales and questionnaire, Self Efficacy Scale, Brief Self Control Scale and International physical activity questionnaire.

The conclusion highlights that self-control, specifically self-discipline (not impulse control), mediates the relationship between self-efficacy and physical activity (PA). The study enhances understanding of how self-control influences PA through these dimensions. No significant differences were found between males and females in self-control levels, but males can improve PA by increasing self-efficacy and self-discipline, while females require the full mediating effect of self-discipline. The findings have practical implications for addressing the global impact of COVID-19 restrictions on physical activity and mental health. **(Hongyan Yu, Li Yang, Jianing Tian, Larry Austin, Yiming Tao on 26 September 2022).**

- The study investigates the effects of 16 weeks of Bikram yoga on perceived stress, self-efficacy, and health-related quality of life (HRQoL) in sedentary, stressed adults. 63 physically inactive, stressed adults (mean age 37.2 ± 10.8 years) were randomized into two groups: Bikram yoga group (3-5 classes per week), Control group (no treatment). Outcomes, assessed at baseline, midpoint, and completion, included perceived stress, self-efficacy, and HRQoL.

Results:

29 participants were in the experimental group and 34 in the control group. The experimental group attended an average of 27 ± 18 classes. Repeated measures analysis of variance showed significant improvements in: Perceived stress ($p = 0.003$, partial $\eta^2 = 0.109$), General self-efficacy ($p = 0.034$, partial $\eta^2 = 0.056$), General health ($p = 0.034$, partial $\eta^2 = 0.058$), Energy/fatigue ($p = 0.019$, partial $\eta^2 = 0.096$), Attendance was associated with reduced perceived stress and improvements in several HRQoL domains.

The conclusion states that 16 weeks of Bikram yoga significantly improved perceived stress, general self-efficacy, and health-related quality of life (HRQoL) in sedentary, stressed adults. It suggests that future research should explore ways to optimize adherence and investigate the effects of Bikram yoga in other populations at risk for stress-related illnesses. (**Zoe L. Hewett, Kate L. Pumpa, Caroline A. Smith, Paul P. Fahey, Birinder S. Cheema).**

- The studies have examined the psychological effects of smartphone addiction (SA) in relation to physical activity (PA), despite prior research showing that SA can result in decreased PA. This study used structural equation modelling analysis to investigate the extrinsic and partial psychological elements that contribute to a decline in PA. Using the "Questionnaire Star" survey tool, administering an online survey to 628 male and 1159 female students from ten universities in the Chinese province of Henan. In order to examine the mediating roles of three different motive types—intrinsic, body-related, and social—as well as self-efficacy in the relationship between smartphone addiction and physical activity, this study employed three models.

Findings supported the idea that smartphone addiction reduces physical activity. Second, self-efficacy mediates physical activity and smartphone addiction, although all three forms of motivation have negligible

mediation effects. Thirdly, addiction to smartphones has a beneficial impact on social motivation but no effect on body-related or intrinsic motivation. Lastly, the mediating effect of self-efficacy increases as the motivation type shifts from internal to external. According to this study, smartphone addiction can be a deterrent to an individual's engagement in physical activities and can result in a rise in social motivation and a drop in self-efficacy.

Results offer a fresh viewpoint for future physical activity treatments in China and around the world, particularly for college students where smartphone addiction is an issue**. (Bo Lin, Eng Wah Teo, Tingting Yan on 22 Aug, 2022)**

- ❖ The aim of the present study was to determine how mood and self-efficacy predict physical activity in that population.

This cross-sectional study explored the influence of sociodemographic factors on physical activity levels among Syrian and Iraqi refugees in Jordan. A sample of refugees residing in Jordanian cities participated in the study by completing a questionnaire that included demographic information, and questionnaires. Data analysis involved descriptive statistics, chi-square tests, and independent t-tests to assess differences in self-efficacy and mood subscales related to physical activity. Logistic regression analysis was used to identify potential predictors of physical activity.

The results showed that most participants reported low levels of physical activity. However, those with moderate-to-high physical activity levels exhibited higher self-efficacy and better mood, characterized by lower levels of tension, depression, fatigue, and confusion, along with higher levels of vigour and anger. This group was also more likely to be male, better educated, healthier, and had higher income levels. Logistic regression analysis indicated that factors such as education, income, good health perception, self-efficacy, and vigour significantly predicted higher levels of physical activity, collectively explaining 11–18% of the variance.

In conclusion, higher physical activity levels were associated with being male, having higher education, better health, higher income, and greater self-efficacy and mood stability. These findings underscore the importance of considering both sociodemographic and psychological factors when promoting physical activity among refugees in Jordan. **(Rula A. Amr, Ahmed M. Al-Smadi, Rula A. Deiranieh, Romel A. Amr, Amal H. Mayyas, and Rand T. Akasheh, on 19 September 2023)**

- ❖ The objective of the research was to conduct a detailed evaluation of the ‘Effects of Exercise Frequency on Perceived Stress, Psychological Wellbeing and General Self Efficacy’

1, To determine whether physical activity or exercise significantly affects people's reported stress levels, psychological health, or overall sense of self-efficacy.

2, To provide a summary of the electrophysiological, neurochemical, and environmental effects of exercise.

3, To administer a survey questionnaire to those who routinely work out.

4, To carry out the evaluation in a manner that might provide light on these research issues.

This quantitative and correlational study investigated whether higher levels of weekly exercise improve mental health by reducing perceived stress levels and enhancing psychological well-being and general self-efficacy. The study involved 144 participants, evenly split between males and females, who were recruited through Facebook where the questionnaire was posted. Three groups were created based on the participants' levels of exercise: low, moderate, and high. The results showed no statistically significant differences between the groups in terms of perceived stress, psychological well-being, or general self-efficacy. However, psychological well-being and general self-efficacy recorded their highest mean scores in the high exercise group, while perceived stress was highest in the moderate exercise group. The study's findings did not align with previous research, which suggests that increased exercise frequency typically has positive effects on perceived stress, psychological well-being, and general self-efficacy**. (Aidan Clancy on March 2019)**

Perceived Stress

- This study investigated the association of physical activity (PA) with sleep quality, perceived stress, and problematic Internet use in a nationwide sample of 73,238 Korean adolescents aged 12–18 years. Participants reported the frequency of moderate and vigorous physical activity per week, while the risk of problematic Internet use was measured using the Korean Internet Addiction Proneness Scale for Youth-Short Form. Self-reported questionnaires assessed sleep satisfaction and perceived stress. Multiple logistic regression analysis was used to analyze the associations between PA, sleep satisfaction, perceived stress, and problematic Internet use. The Sobel test was applied to examine whether sleep satisfaction and stress mediated the relationship between PA and problematic Internet use.

Results showed that physically active adolescents were more likely to be satisfied with their sleep, experience less stress, and were less likely to engage in problematic Internet use compared to physically inactive peers. The inverse relationship between PA and problematic Internet use was partially mediated by higher sleep satisfaction and lower perceived stress.

In conclusion physical activity can positively influence adolescent mental health by improving sleep and reducing stress, ultimately decreasing the likelihood of problematic Internet use. **(Subin Park on 5 November, 2014)**

- Finding out if high levels of exercise self-regulation could mitigate the detrimental effects of stress on exercise habit was the main objective.

This longitudinal study examined the relationship between perceived stress, exercise self-regulation (which includes action and coping planning), and participation in vigorous exercise among 580 physically active vocational students, with an average age of 17.8 years and 33.8% of them being girls.

The findings showed that, in the cross-sectional analysis, high self-regulation reduced the negative impact of stress on exercise participation. However, the longitudinal analysis did not find significant evidence of this moderating effect over time, although a non-significant trend in this direction was observed. Despite this, higher levels of self-regulation were shown to positively predict future exercise participation, though the inverse relationship, where exercise improves self-regulation, was not supported. Additionally, a decrease in self-regulation was associated with a corresponding decline in exercise involvement.

In conclusion, high levels of exercise self-regulation may assist lessen the short-term impacts of stress on exercise behavior, but they have a greater long-term impact on maintaining exercise routines in people who are already active. **(Markus Gerber, Magnus Lindwall, Serge Brand, Christin Lang, Catherine Elliot and Uwe Puhse on 6th August 2014)**

- The objective was to evaluate the impact of sedentary behaviour on blue-collar and white-collar workers' perceptions of stress.

This study explored the relationship between physical activity, sedentary behaviour, and perceived stress among different occupational groups, focusing on 571 full-time workers in Kaunas city, Lithuania. Participants self-reported their daily sedentary time, occupation, and other individual characteristics using questionnaires, and perceived stress was evaluated as the primary outcome. Scales which were used, Reeder stress scale

The results showed that 21.7% of white-collar workers and 16.8% of blue-collar workers reported high levels of sedentary behaviour. Blue-collar workers had a higher risk of experiencing high perceived stress (OR 1.55, 95% CI 1.05–2.29) compared to white-collar workers. However, sedentary time itself did not significantly affect the likelihood of high perceived stress in blue-collar workers. In contrast, white-collar workers who spent more than three hours per day in sedentary activities had a higher risk of elevated stress levels, with white-collar males (OR 4.34, 95% CI 1.46–12.95) and females (OR 3.26, 95% CI 1.23–8.65) showing increased susceptibility.

These findings highlight the differing effects of sedentary behaviour on perceived stress across occupational groups and emphasize the need for targeted interventions to reduce sedentary time, especially among white-collar workers. (**Audrius Dėdelė, Auksė Miškinytė, Sandra Andrušaitytė, Žydrūnė Bartkutė on 20 November, 2019).**

- This study examined the relationship between physical activity (PA) and perceived stress at work (PSW) among 757 employees at a large public university in Spain, with participants ranging in age

from 26 to 65 years (47% female). Data were collected between January and December 2017 using the Physical Activity Vital Sign (PAVS) questionnaire and a single-item scale to measure PA levels and PSW. The associations were analysed using adjusted logistic regression to control for age, gender, and profession.

The findings indicated that employees with low levels of PA were significantly more likely to experience high PSW (OR = 2.60, 95% CI 1.44–3.68). Notably, around 51.9% of participants reported engaging in at least 150 minutes of PA per week, which is higher than PA levels reported by most other Spanish and European worker populations.

In conclusion, maintaining adequate levels of PA appears to be beneficial for managing stress in university workers, similar to findings observed in other occupational groups. Promoting PA initiatives in the workplace could enhance the working environment and contribute to improving the overall health and well-being of employees**. (Rubén López-Bueno, Lars L Andersen, Lee Smith, Guillermo F López-Sánchez, Javier Mompel, Luis Casedas, José A Casajús on February 2020).**

- The purpose of this study was to assess the perceived stress, physical activity, and sleeplessness of female nursing students and look into the connections between these factors.

This study explored the relationship between perceived stress, physical activity, and insomnia among 290 female nursing university students. It aimed to assess how these factors influenced students' health and well-being.

The results revealed that 32.19% of the students were inactive, 44.13% were minimally active, and only 23.68% were sufficiently active. Insomnia affected 42.70% of the students, and high levels of perceived stress were reported, with a mean score of 22.54 ± 7.16. Several factors were associated with a higher likelihood of insomnia: students with poor family support had an increased risk of insomnia (OR = 1.41, 95% CI: 1.06–2.16), as did those who used their mobile phones before sleep (OR = 1.67, 95% CI: 1.17–2.63). Moreover, students experiencing high stress were more likely to suffer from insomnia (OR = 1.74, 95% CI: 0.95–0.98).

In conclusion, insomnia was more common among students who experienced high stress, lacked adequate family support, or used mobile phones before sleep. The findings emphasize the need for evidence-based preventive and therapeutic measures to promote physical activity, improve sleep quality, and reduce perceived stress among university students. **(Zainab Fatehi Albikawi on 1st February, 2023)**

- This study investigated the relationships between psychological stress, coping strategies, and moderate-to-vigorous physical activity (MVPA) in African-American (AA) boys and girls. A community-based sample of 139 AA adolescents (mean age 14.7 years, 64.7% girls, and 30% obese) from Washtenaw County, Michigan, participated in the study. Psychological stress was measured using the Daily Stress Inventory and the Perceived Stress Scale, coping strategies were assessed

through the Schoolager's Coping Strategies Questionnaire, and physical activity was objectively tracked using accelerometers.

The results showed significant gender differences. Compared to boys, girls engaged in about 13 fewer minutes of MVPA per day ($p < .001$) and reported higher levels of both daily stress ($p = .03$) and perceived stress ($p < .001$). Additionally, girls used a greater number of coping strategies ($p = .01$) and employed these strategies more frequently ($p = .04$). Interestingly, perceived stress was found to predict lower levels of MVPA ($p = .03$) in boys but not in girls.

In conclusion, the study highlights important gender differences in how AA boys and girls perceive, experience, and cope with stress. Despite reporting higher stress levels and using more coping strategies, girls' physical activity levels were not significantly influenced by perceived stress. Conversely, stress was linked to lower physical activity levels in boys. These findings suggest the need for further research to better understand how stress impacts the decision to engage in physical activity among AA youth. (**McGlumphy, KellyeC; Shaver, Erika R; Ajibewa, Tiwaloluwa A; Hasson, Rebecca E on 1st March 2018)**

- This study investigated the impact of social life disruption, decreased physical activity, and isolation at home on perceived stress levels during the coronavirus outbreak. A total of 543 participants voluntarily completed an online questionnaire that included the Perceived Stress Scale (PSS) along with additional questions about age, gender, education, time spent on physical activity or exercise, and isolation status.

The results showed that perceived stress levels and Insufficient Self-Efficacy perception (ISE), a sub-factor of the PSS, were significantly different among groups based on their activity levels. Interestingly, when comparing isolation statuses, participants who were not isolated reported higher perceived stress levels (including total PSS, ISE, and Stress Due to Perception [SDP] values) compared to those who were partially or fully isolated, except for SDP in the partially isolated group.

The findings imply that during periods of isolation, which limit energy expenditure and raise mental stress, engaging in physical activity and exercise can be useful in reducing perceived stress. **(Tolga Sahin and Mevlut Gonen on 2020)**

- This study explored whether practicing yoga and maintaining a physically active lifestyle play a significant role in enhancing trait mindfulness and reducing perceived stress in women. It also examined differences in mindfulness and stress levels between women who practiced yoga and those

who engaged in other physical activities or were physically inactive, considering whether they met the World Health Organization's physical activity recommendations.

A total of 201 women participated in this cross-sectional, online-based study, including 96 yoga practitioners and 105 non-practitioners (both physically active and inactive individuals). The participants, with an average age of 36 years (range 18–72, M = 36.19, SD = 11.64). The results showed that women who practiced yoga and maintained regular physical activity had significantly higher levels of trait mindfulness and lower perceived stress levels compared to those who did not practice yoga and were physically inactive. Notably, an indirect effect of physical activity on reducing perceived stress through increased mindfulness was observed only in women who practiced yoga for at least 150 minutes per week.

In conclusion, the study revealed the importance of consistent yoga practice in reducing perceived stress and enhancing mindfulness. These findings provide valuable insights for developing preventive strategies to support women experiencing high levels of daily stress. (**Natalia Cavour-Więcławek and Aleksandra M. Rogowska on 2nd September 2024).**

- This study aimed to evaluate the relationship between sleep quality, psychological distress, perceived stress, and physical activity (PA) in individuals with mental illness.

This study examined the relationship between physical activity (PA), psychological factors, and sleep quality among 67 individuals diagnosed with schizophrenia, major depressive disorder, and dysthymia. The results showed that moderate physical activity (measured in metabolic equivalent task [MET] minutes per week) and psychological distress accounted for 39% of the variance in subjective sleep quality. Walking MET-min/week and psychological distress explained 24% of the variance in the use of sleep medication, while vigorous MET-min/week, psychological distress, and perceived stress accounted for 42% of the variance in daytime dysfunction over the past month. Psychological distress was also a significant predictor of sleep duration (adjusted $R^2 = 0.20$) and sleep disturbances (adjusted $R^2 = 0.33$). Notably, 87% of the participants reported using sleep medication, and 91% had a PSQI score of ≥5, indicating poor sleep quality.

In conclusion, the findings showed that PA, psychological distress, and perceived stress significantly influence various aspects of sleep quality in individuals with mental illness. Further research is needed to better understand these relationships and develop effective interventions to improve sleep quality in this population. **(Chuang, Shu Ping; Wei Wu, Jo Yung; Wang, Chien Shu on December 2022).**

CHAPTER- 3

METHODS:

❖ Aim Of The Study-

The aim of this present study is To Examine The Difference Between Physically active and Inactive participants on Achievement Motivation, General Self efficacy and Perceived Stress among young adults (18-25).

❖ Objectives-

- ✓ The objective of the study is to find out whether there is significant difference between the physically active and inactive participants on Achievement Motivation (academic success, vocational achievement, social achievement and skill achievement).
- ✓ The objective of the study is to find out whether there is significant difference between the physically active and inactive participants on General Self Efficacy.
- ✓ The objective of the study is to find out whether there is significant difference between the physically active and inactive participants on Perceives Stress.

❖ Hypotheses-

- H_0 1- There is no significant difference between physically active and inactive participants on academic success.
- $H_1$1 - There is a significant difference between physically active and inactive participants on academic success.
- H_0 2 - There is no significant difference between physically active and inactive participants on vocational achievement.
- H_1 2 - There is a significant difference between physically active and inactive participants on vocational achievement.
- H_0 3 - There is no significant difference between physically active and inactive participants on social achievement
- H_1 3 - There is a significant difference between physically active and inactive participants on social achievement.
- H_0 4 - There is no significant difference between physically active and inactive participants on skill achievement

- H_1 4 - There is a significant difference between physically active and inactive participants on skill achievement.
- H_0 5- There is no significant difference between physically active and inactive participants on general self-efficacy.
- H_1 5 - There is a significant difference between physically active and inactive participants on general self-efficacy.
- H_0 6 - There is no significant difference between physically active and inactive participants on perceived stress.
- H_1 6 - There is a significant difference between physically active and inactive participants on perceived stress.

❖ Variables-

A variable is defined as an event or condition which can have different values; identify in experiments, an event or condition which can be measured. Variables may be defined as those attributes of objects, events, things and being which can be measured. In other words variables are characteristics or conditions that are manipulated, controlled or observed by the experimenter. (A.K Singh)

- **Independent Variable-** An independent variable is that variable that is manipulated or changed by the experimenter for the purpose of determining whether it influences behaviour.

In this study the independent variable is Physical Activity which has been divided into two groups –

1, Young adults engaged in some form of physical activity

2, Young adults not engaged in any form of physical activity

- **Dependent Variable-** The dependent variable is a variable that is measured and recorded by the experimenter in order to assess the effect of independent variable. It is called "dependent" because its value depends on changes in the independent variable.

Here the dependent variables are- 1, Achievement Motivation

a. Need for academic success
b. Need for vocational achievement
c. Need for social achievement
d. Need for skill achievement

2, General Self Efficacy

3, Perceived Strss

- **Control Variable-** A control variable is a potential independent variable that is held constant in an investigation.

Age of the participants- In the present study the participants age ranging from 18-25 years was taken.

Sex of the participants- Both sexes were included in this study.

Physical activity- The participants must be physically active for 5 days in a week and engaging in at least 1 hour of physical activity daily. Any form of physical activity was considered.

- ❖ **Participants-** The participants in this study are young adults aged between 18- 25 years. They are divided into two groups:

1, Physically active (engaged in physical activity)

2, Physically inactive (not engaged in physical activity)

- **Inclusion Criteria:**

1. Age of the participant- 18 to 25 years

2. Gender- Both males and females participate in the study

3. Physical activity- The participants must be physically active for last 6 months.

4. Frequency - Participant must engage in physical activity at least 5 days in a week for maximum of 1 hour per day.

- **Exclusion Criteria:**

1.History of chronic physical illness

2. History of chronic mental illness

3. Note: Various forms of physical activity (e.g., yoga, gym, swimming, walking, dancing, jogging) are included, provided they are performed for personal well-being, physical fitness, and mental health not for competitive purposes.

❖ Sampling-

The study will employ a Purposive Sampling Technique to recruit participants between the ages of 18-25 years. The study sample consists of 30 active participants and 30 inactive participants for the total of 60 participants. The participants will be categorized in two groups-

1. Physically active
2. Physically inactive

The classification will be done by using International Physical Activity Questionnaire (IPAQ) during the initial phase after that an International Physical Activity Questionnaire (IPAQ), Achievement Motivation Scale (AMS), General Self Efficacy Scale (GSE) and Perceived Stress Scale (PSS) will be administered by active participants and Achievement Motivation Scale (AMS), General Self Efficacy Scale (GSE) and Perceived Stress Scale (PSS) will be administered by inactive participants.

❖ Tools-

I. General Health Questionnaire

The GHQ-28 (General Health Questionnaire-28) was developed by Dr. David Goldberg in 1978. It is an extended version of the original GHQ designed specifically to assess more detailed dimensions of mental health.

- **Description of the tool**- The GHQ-28 is a self-administered screening questionnaire designed to detect psychiatric disorders in community and non-psychiatric clinical settings. It identifies short-term changes in mental health, particularly those related to depression, anxiety, social functioning, and somatic symptoms.
- **Administration-** The General Health Questionnaire-28 (GHQ-28) is typically administered as a self-report measure, allowing individuals to complete it on their own. It is most often used in settings such as general medical practices, community health surveys, workplaces, schools, and research studies. Participants are informed that the questionnaire is designed to assess their current mental well-being and that they should answer each item based on how they have been feeling over the past few weeks. The questionnaire itself consists of 28 items, and each one is rated on a four-point scale that reflects how frequently or severely the respondent has experienced a particular symptom or behavior.
- **Scoring-** The Likert scoring method is used to measure the intensity or severity of psychological symptoms reported by an individual. Each item in the GHQ-28 has four response options, scored as follows:

- **Not at all = 0**
- **No more than usual = 1**
- **Rather more than usual = 2**
- **Much more than usual = 3**

- **Interpretation-** When the GHQ-28 is scored using the Likert method, each item receives a score from 0 to 3, allowing for a total score ranging from 0 to 84. The Likert method is especially helpful in gauging the severity of psychological symptoms, as opposed to simply indicating their presence or absence.

  In general, a higher total score suggests a higher level of psychological distress. While exact cut-off points can vary depending on the population and context, many studies consider a total score above 23 or 24 to be indicative of clinically significant emotional or psychological problems. Individuals with scores in this range or higher may be experiencing issues such as persistent anxiety, low mood, or impaired social functioning, and could benefit from further psychological evaluation or support.

  The GHQ-28 also allows for detailed insight through its four subscales: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. A high score in one subscale may indicate a specific area of concern. For instance, if someone has a notably high score in the "anxiety and insomnia" subscale, it may point to difficulties with restlessness, tension, or sleep disturbances. Elevated scores in the "social dysfunction" area might suggest challenges in maintaining productivity or everyday interactions.

  The test retest reliability of the GHQ-28 was 0.90
- **Selection of the tool -** The particular scale has been selected because

1. The scale has to be found very useful and effective to identify early signs of psychological problems, especially non-psychotic disorders like anxiety, depression, and stress.
2. GHQ is short, easy to understand, and can be completed in 5–10 minutes.

II. International Physical Activity Questionnaire (IPAQ-Short form)

The IPAQ Short Form was developed by the International Physical Activity Questionnaire (IPAQ) Research Committee in the late 1990s, as part of a collaborative effort supported by the World Health Organization (WHO) and the Centres for Disease Control and Prevention (CDC), along with other international institutions.

- **Description of the tool-** The International Physical Activity Questionnaire – Short Form (IPAQ-SF) is a standardized self-administered tool developed to assess the physical activity levels of individuals over the previous 7 days. It was designed for use in population surveillance and research on physical activity among adults aged 15–69 years.

- **Administration-** The IPAQ-SF is designed to be a self-administered or interviewer-administered questionnaire. It takes approximately 5–10 minutes to complete and is used to assess physical activity over the last 7 days.

- **Scoring -** The scoring process for the IPAQ Short Form involves calculating the **Metabolic Equivalent Task minutes per week (MET-min/week)** for each activity type and then classifying the individual's physical activity level.

For each activity category, use the formula:

MET-min/week = MET value × minutes/day × days/week

- **Interpretation-** The International Physical Activity Questionnaire – Short Form (IPAQ-SF) is interpreted by classifying individuals into three levels of physical activity: low, moderate, or high, based on their total weekly MET-minutes and the frequency and duration of different activity types.

The **high physical activity** category reflects a more substantial commitment to exercise, with individuals performing vigorous activity on three or more days per week and accumulating at least 1500 MET-minutes, or engaging in any combination of physical activity over seven days that adds up to at least 3000 MET-minutes per week.

The **moderate physical activity** category includes individuals who meet minimum recommended guidelines, such as engaging in vigorous activity for at least 20 minutes on three or more days per week, or moderate activity and/or walking for at least 30 minutes on five or more days per week, or any combination of activities total at least 600 MET-minutes per week.

A person is categorized as having **low physical activity** if they do not meet the criteria for moderate or high activity.

- **Selection of the tool-** The particular scale has been selected because

1. The scale has to be found very useful and effective in the analysis of Physical Activity Level aged 15-69 years.

2. The scale is easy to administer and score.

III. Achievement Motivation Scale (AMS)

The Achievement Motivation Scale was constructed and standardize by Dr. Shah Beena in 1986.

- **Description of the tool-** The **Achievement Motivation Scale (AMS)** is a psychological tool designed to measure an individual's **achievement motivation**, which refers to the internal drive to accomplish goals, excel, and succeed in various tasks. This scale is widely used in educational, psychological, and organizational research. It is related to **McClelland's Need for Achievement Theory (1953)**, which suggests that individuals with high achievement motivation are more likely to take initiative, work hard, and persist in challenging situations.

- **Administration -** The 40 items in the forced-choice AMS are spread across four dimensions:

a) Need for academic success- 2,3,11,14,18,21,26,31,37,40
b) Need for vocational achievement- 1,5,9,13,16,17,19,20,33,36
c) Need for social achievement- 4,7,12,15,22,23,27,34,38,39
d) Need for skill achievement- 6,8,10,24,25,28,29,30,32,35

- **Scoring –** The Achievement Motivation scale is a three point scale. There are three possible answers for each statement. The options are grouped according to a person's propensity for success in the domains of academic, vocation, social context and skills. Weights 1 through 3 were given to the alternatives of any statement, respectively, (a), (b), and (c). The scales values lies between 40-120.

- **Interpretation- Higher scores** indicate a **high level of achievement motivation** and the individual is driven, goal-oriented, and persistent. **Lower scores** may indicate **low motivation**, lack of direction, or need for intervention and support.

The test retest reliability of the AMS was .84.

- **Selection of the tool-** The particular scale has been selected because

1. The scale has to be found very useful and effective in the analysis of Achievement Motivation in different domains like academic, vocational, social and skill achievement.
2. The scale is simple and easy for administer.

IV. General Self Efficacy Scale-

The General Self Efficacy Scale was developed by **Ralf Schwarzer and colleagues** in 1992, and its finalized in 1995.

- **Description of the tool-** The General Self-Efficacy Scale (GSE-10) is a widely recognized psychological instrument developed by Ralf Schwarzer and Matthias Jerusalem in 1995. It is designed to assess a person's global belief in their ability to cope with a variety of difficult demands in life. It reflects an individual's confidence in their ability to overcome challenges, solve problems, and persist in the face of adversity. It is not limited to specific tasks but provides a general sense of perceived self-competence.
- **Administration-** The **General Self-Efficacy Scale (GSE-10)** is a straightforward and easy-to-administer tool that can be used in a variety of settings. It is appropriate for adolescents and adults and can be administered either individually or in groups. The administration process typically takes about 5 to 10 minutes, making it convenient for both researchers and practitioners. It is a **10-item self-report questionnaire** designed to assess an individual's **belief in their ability to cope with challenges and achieve goals**.
- **Scoring –** Read the sentence carefully and respond to them honestly. There are no right or wrong answers. The scale consists of 10 items and it is a 4 point Likert scale:

  1 = Not at all true

  2 = Hardly true

  3 = Moderately true

  4 = Exactly true

The ultimate score is calculated by adding up all of the elements. There are **no reverse-scored items** on this scale. A higher score on the GSE indicates greater self-efficacy; the total score goes from 10 (low self-efficacy) to 40 (high self-efficacy).

- **Interpretation-**

Low Self-Efficacy- Individuals with low self-efficacy may often doubt their ability to handle difficult tasks or overcome challenges. They might feel overwhelmed in the face of new or demanding situations and tend to give up easily when obstacles arise.

Moderate Self-Efficacy- Those with a moderate level of self-efficacy generally believe they can succeed in familiar situations and are sometimes confident in handling challenges. However, their confidence may waver when facing unfamiliar or highly stressful tasks.

High Self-Efficacy - Individuals with high self-efficacy tend to believe strongly in their ability to succeed across a wide range of situations. They are typically resilient, approach challenges with confidence, and are more likely to persevere in the face of setbacks.

- **Selection of the tool-** The particular scale has been selected because

1. The scale has to be found very useful and effective in the analysis of General Self-Efficacy of the participant.

2. The scale is short and time efficient for administer.

3. The scale is based on Albert Bandura's theory of self-efficacy, which is a well-established concept in psychology.

The General Self Efficacy Scale has demonstrated **high internal consistency**, with **Cronbach's alpha ranging from 0.76 to 0.90** across various studies. It has been validated in multiple languages and cultural contexts, ensuring **cross-cultural applicability**.

V. Perceived Stress Scale-

The **Perceived Stress Scale (PSS-10)**, developed by Cohen et al. (1983).

- **Description of the tool-** The most used psychological tool for assessing stress perception is the Perceived Stress Scale (PSS-10). The tool **PSS-10** is a psychometric scale designed to measure perceived stress levels in individuals. It consists of 10 items that assess how unpredictable, uncontrollable, and overloaded respondents find their lives. Each item reflects how frequently the person has experienced certain feelings and thoughts related to stress during the past month.
- **Administration-** The Perceived Stress Scale – 10 is typically self-administered, allowing individuals to complete the questionnaire on their own, either on paper or digitally. The question in this scale ask participants about their feelings and thoughts during the last month. The administration process is brief, usually taking around 5 to 10 minutes to complete.

- **Scoring-** Summing the responses to the 10 items, each rated on a 5-point Likert scale ranging from **0 to 4:**

  0= Never
  1= Almost Never
  2= Sometimes
  3= Fairly Often
  4= Very Often

Four of the items (items 4, 5, 7, and 8) are **reverse-scored**. For these items, the scores are reversed as follows:

0 becomes 4

1 becomes 3

2 remains 2

3 becomes 1

4 becomes 0

After reversing the scores for the appropriate items, all 10 item scores are summed to produce a total score ranging from **0 to 40**. Higher score indicates higher levels of perceived stress.

- **Interpretation**- PSS-10 score provides insight into an individual's perceived stress level over the past month. The total score, which can range from 0 to 40, reflects how frequently a person has felt overwhelmed, unable to control important aspects of their life, or upset by unexpected events**.**

0–13: Low Stress- The individual reports relatively few symptoms of stress.

14–26: Moderate Stress- The person is experiencing a noticeable level of stress. While not extreme, this range suggests the presence of some challenges or stressors that may be affecting well-being and daily functioning.

27–40: High Perceived Stress- Scores in this range indicate significant stress, where the individual likely feels overwhelmed, out of control, or under pressure.

- **Selection of the tool-** The particular scale has been selected because

1. The scale has to be found very useful and effective in the analysis of how people perceive and handle stress.

2. The scale consists with just 10 items for quick and easy to administer,

The PSS-10 has been widely validated across different populations and has demonstrated good internal consistency, with Cronbach's alpha of **0.76**

EXAMINATION, SCORING AND TREATMENT OF DATA-

After completion of collection of data the responses were scrutinized and scored. Scoring of all the scales done by hand according to the manuals. Then the statical treatment of the scores were attempted. The statistical tools were selected in accordance with the object of the study. The type of statical techniques were used:-

1, Descriptive Statistics – Means and Standard Deviation of all the variables were calculated.

2, Inferential Statistics – The independent samples t-test used to determine if there is any significant difference between the means of two groups and how they are related.

CHAPTER – 4

RESULTS

After calculating Mean, Standard Deviation and t-Test are depicted in the tabular form shown below:

Table 1:

TEST OF NORMALITY

IV		Shapiro-Wilk		
		Statistics	**Df**	**Significant**
Academic Success	Physically Active	.887	30	.004
	Physically Inactive	.981	30	.843
Perceived stress	Physically Active	.974	30	.643
	Physically Inactive	.976	30	.700
Vocational achievement	Physically Active	.934	30	.063
	Physically Inactive	.936	30	.070
Self-efficacy	Physically Active	.979	30	.803
	Physically Inactive	.974	30	.661
Skill achievement	Physically Active	.980	30	.821
	Physically Inactive	.955	30	.236
Social achievement	Physically Active	.956	30	.244
	Physically Inactive	.975	30	.687

Table 2: Shows the Mean and Standard Deviation of Achievement Motivation scores (need for academic success, need for vocational achievement, need for social achievement and need for skill achievement), General Self-Efficacy Scores and Perceived Stress Scores of young adults using physical activity (N=60).

Descriptive Statistics

	N	Mean	Standard Deviation	Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic
Academic Success	60	21.6167	3.32475	1.005	.608
Vocational Achievement	60	22.8833	3.24738	-.583	.608
Social Achievement	60	20.8500	3.19865	-.172	.608
Skill Achievement	60	21.2667	3.61197	-.129	.608
Self-Efficacy	60	29.9833	4.16398	-.513	.608
Perceived Stress	60	19.7667	5.48145	.215	.608

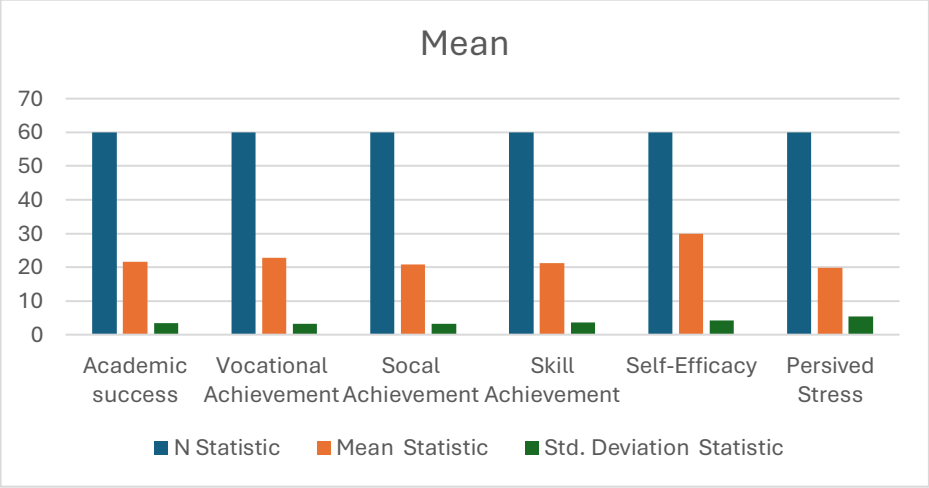


Table 2 presents the descriptive statistics for six variables assessed in the study, including Academic Success, Vocational Achievement, Social Achievement, Skill Achievement, Self-Efficacy, and Perceived Stress among 60 participants. For each variable, the table reports the mean, standard deviation, and kurtosis values. Among the variables, Self-Efficacy recorded the highest mean (M = 29.98), whereas Perceived Stress had the highest

variability (SD = 5.48). Academic Success showed a relatively peaked distribution with the highest kurtosis value (1.005), indicating a sharper concentration around the mean.

Table 3: Shows the Mean and Standard Deviation of Achievement Motivation scores (need for academic success, need for vocational achievement, need for social achievement and need for skill achievement), General Self-Efficacy Scores and Perceived Stress Scores of young adults of Physically Active Participants (N= 30)

Descriptive Statistics

	N	Mean	Standard Deviation	Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error
Academic Success	30	22.1667	3.32475	2.896	.833
Vocational Achievement	30	23.5000	3.24738	-.375	.833
Social Achievement	30	21.7000	3.19865	.614	.833
Skill Achievement	30	22.0333	3.61197	.001	.833
Self-Efficacy	30	30.6000	4.16398	-.152	.833
Perceived Stress	30	19.6333	5.48145	-.247	.833

Table 3 displays the descriptive statistics for six psychological and achievement-related variables among physically active young adults (N = 30). These variables include Academic Success, Vocational Achievement, Social Achievement, Skill Achievement, Self-Efficacy, and Perceived Stress. The table presents the mean, standard deviation, kurtosis, and standard error for each variable. Among all variables, Self-Efficacy recorded the highest mean score (M = 30.60), suggesting that physically active individuals report high levels of self-belief. In contrast, Perceived Stress showed the highest standard deviation (SD = 5.48), indicating greater variability in stress levels. Academic Success had the highest kurtosis value (2.896), suggesting a more peaked distribution compared to other variables. These findings offer insights into how physical activity may relate to psychological and achievement-related outcomes.

The kurtosis values provide insight into the shape of each variable's distribution. A notably high positive kurtosis is observed in **Academic Success** (2.896), indicating a distribution that is more peaked and potentially leptokurtic. This means that most participants clustered closely around the mean, with fewer outliers. This could suggest a shared or common level of academic performance across the group. Conversely, **Vocational Achievement** shows a slightly negative kurtosis (-0.375), implying a flatter distribution with more dispersed scores, which could reflect diverse levels of vocational success or differing stages in career development among the participants. Other variables, such as **Skill Achievement** and **Self-Efficacy**, hover near zero kurtosis, suggesting relatively normal distributions without excessive flatness.

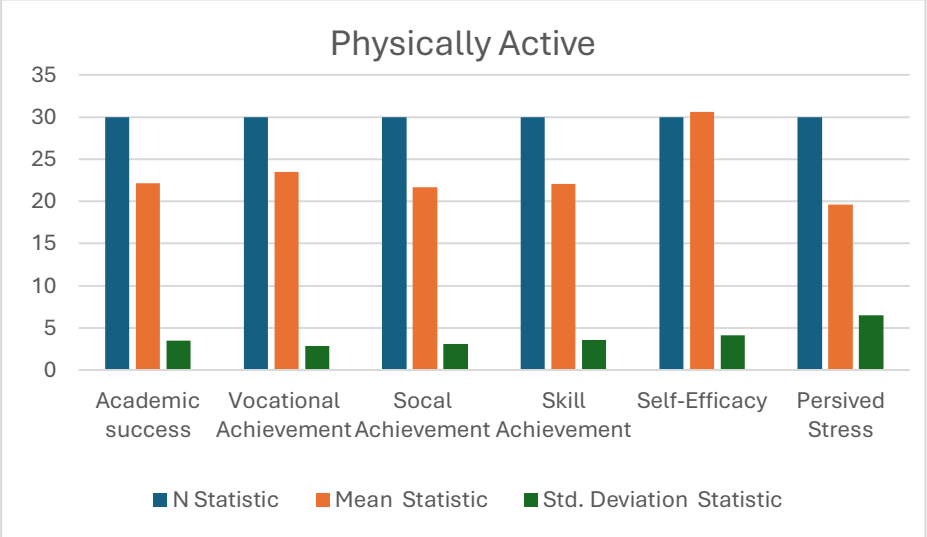


Table 4: Shows the Mean and Standard Deviation of Achievement Motivation scores (need for academic success, need for vocational achievement, need for social achievement and need for skill achievement), General Self-Efficacy Scores and Perceived Stress Scores of young adults of Physically Inactive Participants (N= 30).

Descriptive Statistics

	N	Mean	Standard Deviation	Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error
Academic Success	30	22.0667	3.16155	.123	.833
Vocational Achievement	30	22.2667	3.57128	-.989	.833
Social Achievement	30	20.0000	3.09616	-.074	.833
Skill Achievement	30	20.5000	3.52087	-.636	.833
Self-Efficacy	30	29.3667	4.18934	-.580	.833
Perceived Stress	30	19.9000	4.34186	.625	.833

Table 4 presents the descriptive statistics for six key variables among physically inactive young adults (N = 30), including Academic Success, Vocational Achievement, Social Achievement, Skill Achievement, Self-Efficacy, and Perceived Stress. The table reports the mean, standard deviation, kurtosis, and standard error for each variable. Self-Efficacy had the highest mean score (M = 30.60), indicating strong perceived competence even among inactive individuals. Perceived Stress showed the greatest variability (SD = 5.48), reflecting differing stress levels in this group. Vocational Achievement had the lowest kurtosis value (-0.989), indicating a flatter distribution, whereas Perceived Stress had the highest kurtosis (0.625), suggesting a more peaked

distribution. These results highlight psychological characteristics that may distinguish inactive individuals from their active counterparts.

From a distributional perspective, the kurtosis values across all variables remain fairly close to zero, indicating that the data is approximately normally distributed with no significant outliers or extreme clustering. For example, Academic Success shows a slightly positive kurtosis (0.123), implying a relatively peaked distribution with most participants scoring near the mean. Vocational Achievement and Skill Achievement have more negative kurtosis (-0.989 and -0.636), suggesting a flatter spread of scores—indicating more variability in how successful participants feel in these domains. That variation might stem from differences in access, engagement, or even interest in vocational and practical activities.

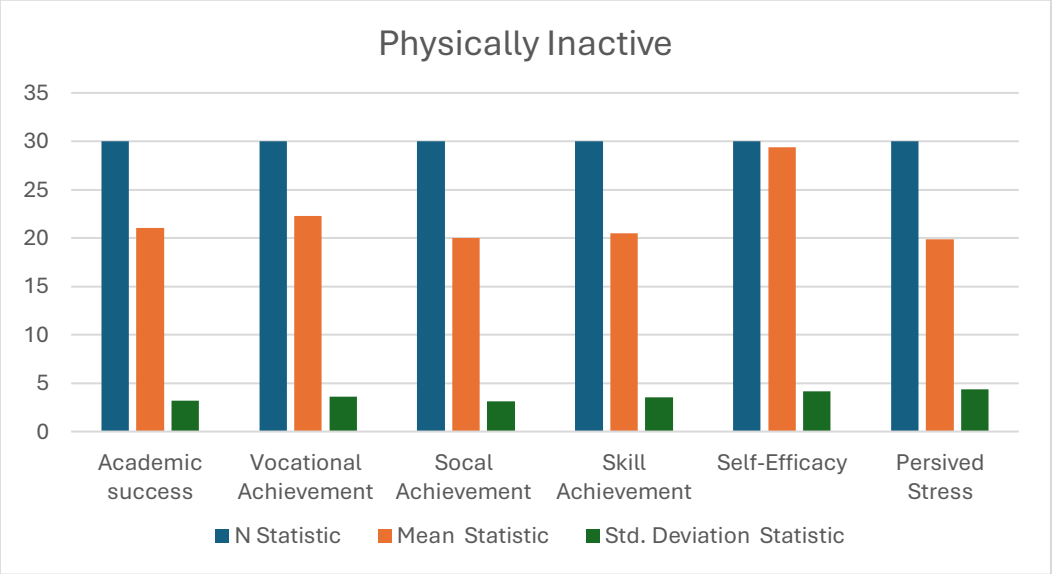


Table 5: Shows the Independent Sample t-test of Achievement Motivation scores (need for academic success, need for vocational achievement, need for social achievement and need for skill achievement), General Self-Efficacy Scores and Perceived Stress Scores of young adults using physical activity (N=60).

Independent Sample t-test

	t-test for Equality of Means		
	t	**df**	**Sig. (2- tailed)**
Academic Success	-1.289	58	.203
Vocational Achievement	-1.486	58	.143
Social Achievement	-2.118	58	.038*
Skill Achievement	-1.669	58	.101
Self-Efficacy	-1.150	58	.255
Perceived Stress	.187	58	.852

Table 5 displays the results of the Independent Sample t-test conducted to examine the differences between physically active and inactive young adults (N = 60) across various psychological and achievement variables. The analysis revealed a statistically significant difference in Social Achievement scores ($t = -2.118$, $df = 58$, $p = .038$), indicating that the level of physical activity has a significant impact on perceived social achievement at 0.5 level.

However, no significant differences were found in Academic Success ($p = .203$), Vocational Achievement ($p = .143$), Skill Achievement ($p = .101$), Self-Efficacy ($p = .255$), or Perceived Stress ($p = .852$), suggesting that these variables are not notably affected by physical activity status in this sample.

CHAPTER – 5

Discussion:

The present study aimed to explore the difference between physically active and inactive participants on achievement motivation (academic, vocational, social and skill), general self-efficacy and perceived stress.

The descriptive statistics presented in the **table- 2** offer a foundational understanding of the central tendencies and variability within the dataset of young adults (N=60) engaging in physical activity. The variables assessed include academic success, vocational achievement, social achievement, skill achievement, general self-efficacy, and perceived stress.

The mean scores for the motivation dimensions—academic (M = 21.62, SD = 3.32), vocational (M = 22.88, SD = 3.25), social (M = 20.85, SD = 3.20), and skill achievement (M = 21.27, SD = 3.61)—indicate moderate to high levels of achievement motivation among participants. This suggests that the sample maintains relatively consistent motivation across different domains of success, with slightly higher motivation noted in vocational pursuits.

General self-efficacy reported the highest mean (M = 29.98, SD = 4.16), which reflects a strong belief among participants in their capability to execute actions required to manage prospective situations. This aligns with existing literature that associates physical activity with increased self-efficacy due to improved physical and psychological functioning. Physically active individuals are often found to report higher levels of self-efficacy due to the reinforcing nature of exercise—achieving physical goals builds confidence to handle challenges in other life areas. If physically active participants demonstrated significantly greater self-efficacy than inactive ones, it could imply that regular engagement in physical activity contributes to building resilience and confidence among young adults.

Conversely, the perceived stress variable yielded the lowest mean score (M = 19.77), but with the highest standard deviation (SD = 5.48), indicating greater variability in how stress is experienced or reported by the participants. This wide range might be attributed to individual differences in coping mechanisms, lifestyle factors, or external support systems. Physically active participants are generally expected to report lower stress levels due to the physiological and psychological benefits of exercise, such as reduced cortisol levels, improved mood, and better coping mechanisms.

The engagement in regular physical activity—regardless of competitiveness—has been widely associated with enhanced psychological resources such as motivation and self-belief. It is expected that physically active participants in the current study would report **higher levels of achievement motivation and general self-efficacy**, alongside **lower levels of perceived stress**, compared to their inactive counterparts. This aligns with

the understanding that **non-competitive physical activity** still provides crucial psychological benefits, including improved mood, increased energy, better stress regulation, and a stronger sense of personal control.

1. **Neurobiological Benefits of Exercise**: Physical activity promotes the release of endorphins and neurotransmitters like dopamine and serotonin, which enhance mood and cognitive functioning.
2. **Routine and Discipline**: Active individuals may exhibit greater time management and self-discipline, contributing to higher achievement motivation and lower stress.
3. **Social Interaction and Support**: Physical activity often involves group participation, enhancing social support and reducing stress.
4. **Psychological Empowerment**: Regular activity builds mastery experiences, one of the strongest sources of self-efficacy according to Bandura's theory.

In the **table – 3** for the physically active subgroup (N=30) provide key insights into the motivational, self-efficacy, and stress-related characteristics of this population. Beginning with the mean scores, **Self-Efficacy** stands out with the highest average value of 30.60. This suggests that, on the whole, participants reported a relatively strong belief in their own abilities to accomplish tasks and goals. A high sense of self-efficacy often correlates with better coping strategies, resilience, and overall psychological well-being, which might explain why this variable yielded the highest average among the six measured. **High mean in Self-Efficacy** suggests that participants generally feel confident in their ability to handle challenges and achieve goals. Self-efficacy is often shaped by personal experiences, support systems, and environmental reinforcement. If the participants come from an environment where they are encouraged, provided with resources, and have had previous successes, it's natural for their self-belief to be strong.

This **strong self-efficacy could also explain the relatively low Perceived Stress**. According to Bandura's theory, individuals with higher self-efficacy perceive potentially stressful situations as manageable, leading to less anxiety or emotional disturbance. In this sample, the participants might be better equipped to handle daily stressors or setbacks, thus reporting lower stress levels. Additionally, if the environment promotes a positive, structured, and supportive setting—like in some educational or rehabilitation programs—stress levels would naturally be moderated.

In contrast, **Perceived Stress** has the lowest mean score (19.63). While low stress levels are generally favourable, this score must be interpreted in light of the scale used. If the scale ranges higher, it would imply that participants are experiencing relatively low stress, potentially due to the same high self-efficacy levels observed. Individuals with greater confidence in their coping skills typically report reduced stress, which may explain the inverse trend seen here between Self-Efficacy and Perceived Stress.

When we consider **Academic Success**, **Vocational Achievement**, **Social Achievement**, and **Skill Achievement**, the mean values fall within a similar range—between 21.7 and 23.5. Among these, **Vocational Achievement** has the highest average (23.5), which could reflect either a targeted emphasis on career development or a sample population that is more engaged or successful in occupational settings. In many structured interventions or educational systems, vocational training is a key focus, especially when preparing individuals for independent or semi-independent living. The high scores may indicate that participants are progressing well in these programs or perceive vocational tasks as more attainable compared to academic or social achievements. **Social Achievement**, on the other hand, has the lowest mean within this group (21.7), which might suggest either lesser development in interpersonal or community-related domains or greater variability in how individuals perceive or experience social success. This might be due to the inherently complex nature of social integration and development. Social skills require not just training but also real-world practice and nuanced emotional understanding, which can be difficult to develop in limited or sheltered environments. **Academic Success and Skill Achievement** are close in their means, indicating moderate performance. These domains often depend not just on motivation but also on prior educational background, cognitive abilities, and learning environments. If participants have varied educational histories or learning challenges, it would explain the mid-range scores, especially with **Academic Success** being more peaked (higher kurtosis), which suggests that many participants are performing similarly—perhaps benefiting from standardized support systems.

In the **table – 4** for the physically inactive subgroup (N=30) provide key insights into the motivational, self-efficacy, and stress-related characteristics of this population. The highest mean score remains in Self-Efficacy (29.37), which indicates that participants generally have a strong belief in their own abilities to manage tasks and overcome challenges. This level of confidence is crucial in influencing motivation, persistence, and performance across various aspects of life. High self-efficacy can lead to better coping mechanisms, increased resilience, and a more proactive approach to both personal and professional development. This might be explained by the possibility that their confidence is derived more from cognitive, emotional, or task-specific domains rather than physical ones. If they are in structured environments (like academic programs, vocational training, or therapeutic settings), they might receive consistent support and encouragement that builds a sense of capability—even in the absence of physical engagement. Self-efficacy, in this context, may be more psychological or skill-related rather than linked to physical tasks.

On the opposite end, Social Achievement (20.00) and Skill Achievement (20.50) reflect the lowest mean scores among the achievement domains. These areas typically require more than just instruction—they involve consistent real-world interaction, practice, and adaptability. Social competence especially can be difficult to develop in structured environments if there are limited opportunities for spontaneous interpersonal engagement. Similarly, practical skill development might vary depending on exposure, individual aptitude, or

the relevance of the skills being taught. This may explain why both domains show lower means. Physical inactivity can lead to reduced opportunities for real-world interaction, group participation, and hands-on learning—all of which are crucial for developing social and practical skills. Limited mobility or reluctance to engage in physically demanding activities may restrict their exposure to environments where such skills are typically developed (e.g., team activities, community events, workshops, etc.). Physical inactivity can also influence confidence in social settings, leading to fewer chances to build or apply interpersonal and practical skills.

Perceived Stress (19.90) is still relatively low, which remains consistent with the idea that high self-efficacy helps buffer stress. Individuals who believe in their capability to solve problems or control outcomes are less likely to perceive situations as overwhelming or threatening. However, it is important to note that while the mean is low, the standard deviation (4.34) suggests some variability—meaning a few individuals may still experience high stress levels even if the group average is low.

The moderate mean scores in Academic Success (22.07) and Vocational Achievement (22.27) suggest that participants are performing reasonably well in these areas. Vocational development may be slightly ahead, which is common in programs designed to promote employment and practical self-reliance. These environments may focus more on employable skills than traditional academic outcomes, particularly for populations preparing for transition to adulthood or independent living.

The present study aimed to examine the effects of physical activity on various psychological and performance-related variables including academic success, vocational achievement, social achievement, skill achievement, self-efficacy, and perceived stress among young adults. **An independent samples t-test** was conducted to compare the mean scores of these variables between physically active and inactive individuals.

Out of the four sub-domains of achievement motivation, only social achievement showed a statistically significant difference between physically active and inactive participants (t = -2.118, p = .038) and the null hypothesis Ho3 is rejected. This suggests that physically active individuals tend to score higher in social achievement, which could be attributed to their increased involvement in group or team activities, sports, or community fitness environments that enhance interpersonal interactions and social goal-setting. Engaging in physical activity often involves socialization, teamwork, and communication, which may enhance motivation to succeed in social contexts. Physical activity—especially team sports, group workouts, or even gym environments—naturally involves **social interaction**. Being part of these settings builds confidence in social contexts, encourages collaboration, and fosters a sense of belonging. These experiences may boost motivation to succeed socially (e.g., making friends, leading a group, being socially competent). This finding is supported by the study of **Subin Park (2014)**, which highlighted that physically active adolescents were more socially engaged and experienced fewer problematic internet behaviors, which are often linked to social withdrawal.

Moreover, (**McGlumphy, KellyeC; Shaver, Erika R; Ajibewa, Tiwaloluwa A; Hasson, Rebecca E, 2018** found that stress and coping mechanisms varied between genders in African-American adolescents, with girls reporting higher stress yet maintaining physical activity through diverse coping strategies. This suggests that physical activity could offer not only stress regulation but also meaningful social engagement, particularly for populations vulnerable to social stressors.

The positive relationship between social functioning and physical activity was also echoed in **Sahin and Gonen (2020)**, where individuals who maintained activity levels during social isolation reported better mental health and stress outcomes.

Other domains such as academic success ($p = .203$), vocational achievement ($p = .143$), and skill achievement ($p = .101$) did not show significant differences, although the p-values for vocational and skill achievement were approaching significance. This could indicate a trend where physical activity might contribute to higher motivation in these areas, but the effect was not strong enough to reach statistical significance in this sample. Therefore, there is no significant difference between physically active and inactive on academic success, vocational achievement, skill achievement and the null hypothesis Ho1, H02 and Ho4 are accepted. It's also possible that these forms of motivation are influenced more strongly by educational, familial, or personal factors than by physical activity alone.

Although earlier studies such as **Markus Gerber, Magnus Lindwall, Serge Brand, Christin Lang, Catherine Elliot and Uwe Puhse, 2014** suggested that self-regulation in exercise can influence future physical activity engagement and possibly affect academic outcomes indirectly, this effect may not be strongly direct or immediate.

Rubén López-Bueno, Lars L Andersen, Lee Smith, Guillermo F López-Sánchez, Javier Mompel, Luis Casedas, José A Casajús, 2020 found that physical activity helped manage workplace stress among university employees, but such benefits may not be easily transferrable to academic or vocational achievement in young adults, especially if other cognitive or environmental factors are not controlled.

Zainab Fatehi Albikawi 2023 pointed out in her study on nursing students, only a small proportion were sufficiently active, and many suffered from insomnia and high stress. In such cases, even physically active individuals may not experience improvement in skill-related tasks if their activity levels are not tailored to enhance specific competencies.

There was no significant difference between the two groups in terms of general self-efficacy ($t = -1.150$, $p = .255$) and the null hypothesis Ho5 is accepted. While existing literature often links physical activity to enhanced self-efficacy, the lack of significance here may be due to a variety of factors such as differences in personality, prior life experiences, or the type and frequency of physical activity. It is also possible that general self-efficacy is a stable trait that does not vary greatly with physical activity status in the short term.

The non-significant difference in **self-efficacy** may reflect findings from **Markus Gerber, Magnus Lindwall, Serge Brand, Christin Lang, Catherine Elliot and Uwe Puhse, 2014**, who noted that while self-regulation can predict future participation in exercise, exercise itself may not automatically enhance self-regulation or perceived efficacy unless intentional goal-setting and planning are involved. In other words, self-efficacy development might require more structured behavioural strategies than merely participating in physical activities.

Interestingly, perceived stress also did not differ significantly between physically active and inactive individuals ($t = .187$, $p = .852$) and null hypothesis Ho6 is accepted. This finding is somewhat unexpected, as many studies suggest that physical activity helps reduce stress levels. However, the similarity in stress levels might be due to common stressors affecting all participants (e.g., academic pressure, career uncertainty), or limitations in how stress was measured (e.g., reliance on self-report, timing of data collection). It's also worth noting that the benefits of physical activity on stress may require longer durations or more consistent routines to manifest significantly.

While **Subin Park 2014** and **Natalia Cavour-Więcławek and Aleksandra M. Rogowska 2024** reported that physical activity improves stress levels through better sleep and increased mindfulness, the current findings suggest that physical activity alone may not be sufficient for stress reduction in all populations.

A possible explanation lies in the **type, frequency, or intensity of activity**, which was not differentiated in the current study. **Chuang, Shu Ping; Wei Wu, Jo Yung; Wang, Chien Shu 2022** found that moderate and vigorous activities had different effects on sleep quality and stress levels in individuals with mental illnesses, implying that not all physical activity is equal in terms of psychological benefits. Furthermore, **Tolga Sahin and Mevlut Gonen 2020** noted that isolation status interacted with activity levels to influence stress, suggesting that social and environmental contexts matter greatly.

CHAPTER – 6

Conclusion -

In conclusion, this study highlights the positive impact of regular physical activity on achievement motivation, self-efficacy, and stress reduction among young adults. These findings suggest that promoting non-competitive physical activity can be a valuable strategy for enhancing mental well-being and academic motivation in this population. Only **social achievement** showed a statistically significant difference between physically active and inactive young adults, underscoring the social benefits of engaging in physical activity for personal well-being. The broader trends suggest that regular physical activity supports higher self-efficacy, improved motivation, and lower perceived stress. These outcomes, though not always statistically significant, align with existing research highlighting the psychological, social, and neurobiological benefits of an active lifestyle. The findings emphasize that physical activity contributes to holistic development, particularly in enhancing resilience, self-belief, and social functioning, making it a valuable component of educational and developmental programs for young adults. While other domains (especially vocational and skill achievement) showed **positive trends**, further research with larger and more diverse samples may be needed to establish stronger evidence for broader psychological benefits.

LIMITATION OF THE STUDY:

The following are the study's main limitations:

- If there had been more than 100 samples, then the other important aspects of the study could be explored. However, due to time constraints, I had to limit my work to 60 participants.

- In the present research, gender differences could not be explored. Considering how psychological variables may vary significantly across genders, future research should explore gender as a moderating factor.

- In this research study physical activity consider as an overall wellbeing purpose. If I take different types of physical activity for competitive purpose, the result of the study appears differently.

APPLICABILITY OF THE STUDY:

The findings of this study have important practical implications that extend beyond the academic realm, particularly in the areas of education, youth development, mental health, and public policy. The statistically significant improvement observed in social achievement among young adults engaged in physical activity

emphasizes the potential of such interventions to promote social functioning and interpersonal growth. This is particularly relevant for educational institutions, where the integration of structured physical activity programs can serve not only physical health objectives but also support the development of social and emotional competencies. As educational paradigms increasingly shift toward holistic models of development, these results advocate for the inclusion of physical activity as a meaningful component of student life.

In the domain of youth development and psychosocial support, the study's outcomes suggest that physical activity can be a valuable tool in enhancing social skills, confidence, and peer relationships—particularly for individuals facing social challenges or developmental barriers. Community organizations and youth-focused programs can leverage these insights to design inclusive, movement-based interventions that support social engagement and emotional well-being. Additionally, while other domains such as academic success, self-efficacy, and perceived stress did not show statistically significant differences, the results still hold relevance for mental health professionals. Movement-based therapies and group physical activities may be thoughtfully integrated into therapeutic practices, especially for clients with difficulties related to social withdrawal or low interpersonal efficacy.

From a policy perspective, the study encourages a broader conceptualization of physical activity as a public good that promotes not only physical health but also psychosocial development. Policymakers and public health professionals may find value in these findings as they design and advocate for accessible, community-based physical activity programs aimed at enhancing youth resilience and social cohesion.

BIBLIOGRAPHY -

- Acquah, A., Nsiah, T. K., Antie, E. N. A., & Otoo, B. (2021, May). EPRA International Journal of Economic and Business Review-Peer Reviewed Journal. *EPRA International Journal of Economic and Business Review-Peer Reviewed Journal*, *9*(5), 5. 10.36713/epra6848
- Ahmed, M. D. (2017, May 31). The self-esteem, goal orientation, and health-related physical fitness of active and inactive adolescent students. *https://www.tandfonline.com/doi/abs/10.1080/23311908.2017.1331602*, *Volume 4,*(2017). https://doi.org/10.1080/23311908.2017.1331602
- Albikawi, A. F. (2023, February 1st). Perceived Stress, Physical Activity, and Insomnia of Female Nursing University Students in Saudi Arabia: A Cross-Sectional Study. *Perceived Stress, Physical Activity, and Insomnia of Female Nursing University Students in Saudi Arabia: A Cross-Sectional Study*, *11*(1), 11. 10.13189/ujph.2023.110107
- Amr, R. A., Smadi,, A. M.A., Deiranieh, R. A., Amr, R. A., Mayyas,, A. H., & Akasheh, R. T. (2023, September 19). Understanding the Association of Self-Efficacy, Mood, and Demographics with Physical Activity in Syrian and Iraqi Refugees: A Cross-Sectional Study in Jordan. *Understanding the Association of Self-Efficacy, Mood, and Demographics with Physical Activity in Syrian and Iraqi Refugees: A Cross-Sectional Study in Jordan*, *2023*(1), 7. https://doi.org/10.1155/2023/8876254
- Bueno,, R. L., Andersen,, L. L., Smith, L., Sánchez, G. F. L.-., Mompel, J., Casedas, L., & Casajús, J. A. (2020, February). Physical activity and perceived stress at work in university workers: a cross-sectional study. *Physical activity and perceived stress at work in university workers: a cross-sectional study*, *60*(2), 6.
- Chuang, Ping, S., Wu, W., Yung, J., Wang, & Shu, C. (2022, December). Physical Activity, Psychological Distress, Perceived Stress, and Sleep Quality in People with Schizophrenia and Depression. *Physical Activity, Psychological Distress, Perceived Stress, and Sleep Quality in People with Schizophrenia and Depression*, *42*(6), 8. 10.4103/jmedsci.jmedsci_18_21
- Clancy, A. (2019, March). Effects of Exercise Frequency on Perceived Stress, Psychological Wellbeing and General Self-Efficacy. *Effects of Exercise Frequency on Perceived Stress, Psychological Wellbeing and General Self-Efficacy*, 46.
- Cocca, A. (2025, January 7). Structured and unstructured physical activity habits: a study on adolescents' motivational characteristics for exercising. *Structured and unstructured physical activity habits: a study on adolescents' motivational characteristics for exercising*, *30*(2025). https://doi.org/10.1080/02673843.2024.2446462
- Concepcion, P., & Pila, A. (2021, August 21). Personality Traits, Achievement Motivation, and Self-Regulation in Physically Active and Sedentary Young Adults. *Personality Traits, Achievement*

Motivation, and Self-Regulation in Physically Active and Sedentary Young Adults. https://doi.org/10.5772/intechopen.99738

- Dėdelė, A., Miškinytė, A., Andrušaitytė, S., & Bartkutė, Ž. (2019, November 20). Perceived Stress Among Different Occupational Groups and the Interaction with Sedentary Behaviour. *Perceived Stress Among Different Occupational Groups and the Interaction with Sedentary Behaviour*, *16*(23). https://doi.org/10.3390/ijerph16234595
- Ersöz, G. (2017, March 3). The Role of University Students' General Self-Efficacy, Depression and Psychological Well-being in Predicting Their Exercise Behavior. *The Role of University Students' General Self-Efficacy, Depression and Psychological Well-being in Predicting Their Exercise Behavior*, *5*(2017). 10.11114/jets.v5i3.2209
- Gerber, M., Lindwall, M., Brand, S., Lang, C., Elliot, C., & Pühse, U. (2014, August 6). Longitudinal relationships between perceived stress, exercise self-regulation and exercise involvement among physically active adolescents. *Longitudinal relationships between perceived stress, exercise self-regulation and exercise involvement among physically active adolescents*, *33*(4), 11. https://doi.org/10.1080/02640414.2014.946072
- Glumphy,, M., C, K., Shaver, R, E., Ajibewa, A, T., Hasson,, & E, R. (2018, March 1). Perceived Stress Predicts Lower Physical Activity in African-American Boys, but not Girls. *Perceived Stress Predicts Lower Physical Activity in African-American Boys, but not Girls*, *42*(2), 13. https://doi.org/10.5993/AJHB.42.2.9
- Hewett, Z. L., Pumpa, K. L., Smith, C. A., Fahey, P. P., & Cheema, B. S. (2018, April). Effect of a 16-week Bikram yoga program on perceived stress, self-efficacy and health-related quality of life in stressed and sedentary adults: A randomised controlled trial. *Effect of a 16-week Bikram yoga program on perceived stress, self-efficacy and health-related quality of life in stressed and sedentary adults: A randomised controlled trial*, *21*(4). https://doi.org/10.1016/j.jsams.2017.08.006
- Hoare, E., Stavreski, B., Jennings, G. L., & Kingwell, B. A. (2017, June 28). Exploring Motivation and Barriers to Physical Activity among Active and Inactive Australian Adults. *Exploring Motivation and Barriers to Physical Activity among Active and Inactive Australian Adults*, *5*(3). https://doi.org/10.3390/sports5030047
- Hoare, E., Stavreski, B., Jennings, G. L. J. L., & Kingwell, B. A. (2017, June 28). Exploring Motivation and Barriers to Physical Activity among Active and Inactive Australian Adults. *Exploring Motivation and Barriers to Physical Activity among Active and Inactive Australian Adults*, (28 June). doi:10.3390/sports5030047
- Lin, B., Teo, E. W., & Yan, T. (2022, August 23). The Impact of Smartphone Addiction on Chinese University Students' Physical Activity: Exploring the Role of Motivation and Self-Efficacy. *The*

Impact of Smartphone Addiction on Chinese University Students' Physical Activity: Exploring the Role of Motivation and Self-Efficacy, *15*, 18.

- McLeod, S. (2025, March 14). Maslow's Hierarchy of Needs. *Maslow's Hierarchy of Needs*.
- Molanorouzi, K., Khoo, S., & Morris, T. (2015). Motives for adult participation in physical activity: type of activity, age, and gender. *Motives for adult participation in physical activity: type of activity, age, and gender*, (2015). DOI 10.1186/s12889-015-1429-7
- Neumann, R. J., Ahrens, K. F., Kollmann, B., Goldbach, N., Chmitorz, A., Weichert, D., Fiebach, C. J., Wessa, M., Kalisch, R., Lieb, K., Tüscher, O., Plichta, M. M., Reif, A., & Matura, S. (2021, October 7). The impact of physical ftness on resilience to modern life stress and the mediating role of general self-efcacy. *The impact of physical ftness on resilience to modern life stress and the mediating role of general self-efcacy*, (7th oct 2021). https://doi.org/10.1007/s00406-021-01338-9
- Okoye,, E. C., Onwuakagba,, I. U., & Kubeyinje, O. S. K. S. (2022, April 23). Social Support, General Self-Efficacy, Fear of Falling, and Physical Activity Among Older Adults in a Middle-Income Country. *Social Support, General Self-Efficacy, Fear of Falling, and Physical Activity Among Older Adults in a Middle-Income Country*, *8*(23 April). https://doi.org/10.1177/23337214221097750
- Park, S. (2014, November 5). Associations of physical activity with sleep satisfaction, perceived stress, and problematic Internet use in Korean adolescents. *Associations of physical activity with sleep satisfaction, perceived stress, and problematic Internet use in Korean adolescents*, 6. http://www.biomedcentral.com/1471-2458/14/1143
- ŞAHİN, T., & Gonen, M. (2020). The Perceived Stress Levels During COVID-19 Quarantine Periods and Physical Activity and Exercise. *The Perceived Stress Levels During COVID-19 Quarantine Periods and Physical Activity and Exercise*, *7*, 4. 10.21276/ambi.2020.07.sp1.oa30
- Siddiqui, D. Z. U. (2017, April). ASSESSMENT OF ACHIEVEMENT MOTIVATION AMONG MADRASA STUDENTS AND SCHOOL STUDENTS. *ASSESSMENT OF ACHIEVEMENT MOTIVATION AMONG MADRASA STUDENTS AND SCHOOL STUDENTS*, *1*(2). http://www.phonixcentre.in/journals.php
- Więcławek, N. C., & Aleksandra, A. M. (2024, September 2). Does Self-Reported Trait Mindfulness Contribute to Reducing Perceived Stress in Women Who Practice Yoga and Are Physically Active? *Does Self-Reported Trait Mindfulness Contribute to Reducing Perceived Stress in Women Who Practice Yoga and Are Physically Active?*, *14*(9). https://doi.org/10.3390/bs14090772
- Yu, H., Yang, L., Tian, J., Austin, L., & Tao, Y. (2022, September 26). The Mediation Role of Self-Control in the Association of Self-Efficacy and Physical Activity in College Students. *The Mediation Role of Self-Control in the Association of Self-Efficacy and Physical Activity in College Students*, *19*(19). https://doi.org/10.3390/ijerph191912152

APPENDIX – A

INFORMED CONSENT FORM FOR PARTICIPATION ADDRESSING THE PARTICIPANTS

Purpose Of The Research: This independent research study is being conducted as a part of dissertation of Postgraduate Course, M. Sc in Applied Psychology, Sister Nivedita University. The purpose of this study is to explore certain psychological aspects of physically active and physically inactive person.

What Will You Be Asked To Do In The Research: If you volunteer to participate, you will be asked to respond to some questions. No identification details of the participant will be revealed.

Risks And Discomfort: No potential risks or discomfort from your participation in the research work is foreseen.

Benefits Of The Research And Benefits To You: This study will not bring you any specific benefits outside of an opportunity to share your views and opinions. Your participation, however, will be of considerable benefit solely for the purpose of research and advancement of knowledge in the field.

Voluntary Participation: Your participation in the study completely voluntary and you may refuse to answer any question or choose to stop participating at any time without any penalty. Your decision not to volunteer will not influence your relationship with the researcher.

Confidentiality: All information you supply during the research will be held in confidence and, unless you specifically indicate your consent, your name will not appear in any report or publication of the research. Your data will be safely stored in a locked facility and only the researcher will have access to this information. Confidentiality will be provided to the fullest extent.

I consent to participate in the study

Signature of the Participant:

Date:

THANK YOU FOR YOUR PARTICIPATION

APPENDIX – B

INFORMATION SCHEDULE:

Name of the participant-

Gender of the participant-

Age of the participant-

Marital status of the participant-

Education of the participant-

Occupation of the participant-

Address of the participant-

Residence type of the participant-

Religion of the participant-

Family type of the participant-

Number of family members of the participant-

Do you practice any kind of physical activity-

If yes, then what kind of physical activity you practice-

Hours of practicing/ participating per week-

History of/ presence of any significant medical history-

History of any presenting illness-

History of/ presence of diagnosed psychiatric illness-

History of/ presence of substance dependence-

History of any brain injury or trauma-

[*CRITERIA: PARTICIPANTS MUST BE PHYSICALLY ACTIVE FOR LAST 6 MONTHS]

APPENDIX – C

The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

1. **During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?**

_____ days per week

☐ No vigorous physical activities ⟶ **Skip to question 3**

2. **How much time did you usually spend doing vigorous physical activities on one of those days?**

_____ hours per day

_____ minutes per day

☐ Don't know/Not sure

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. **During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.**

_____ days per week

☐ No moderate physical activities ⟶ **Skip to question 5**

4. **How much time did you usually spend doing moderate physical activities on one of those days?**

____ hours per day

_____ minutes per day

☐ Don't know/Not sure

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. **During the last 7 days, on how many days did you walk for at least 10 minutes at a time?**

_____ days per week

☐ No walking ⟶ **Skip to question 7**

6. **How much time did you usually spend walking on one of those days?**

_____ hours per day

_____ minutes per day

☐ Don't know/Not sure

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. **During the last 7 days, how much time did you spend sitting on a week day?**

_____ hours per day

_____ minutes per day

☐ Don't know/Not sure

APPENDIX – D

Instruction-We would like to know how your health has been in general, over the past few weeks. Please answer ALL the 28 (4 sets of seven questions each) questions on the following pages simply by understanding the answer which you think most nearly applies to you.

	Have you recently:				
A1	Been feeling perfectly well and good health	Better than Usual	Same as usual	Wrose than usual	Much more than usual
A2	Been feeling in need of a good time.	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	Been feeling run down and out of sorts	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	Felt that you are ill	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	Been getting any pains in your head	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	Been getting a feeling of tightness or pressure in your head	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	Been having hot or cold spells	Not at all	No more than usual	Rather more than usual	Much more than usual
	Have you recently:				
B1	Lost much sleep over worry	Not at all	No more than usual	Rather more than usual	Much more than usual
B2	Had difficulty in staying asleep once you are off	Not at all	No more than usual	Rather more than usual	Much more than usual

B3	Felt constantly under strain	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	Been getting edgy and bad tempered	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	Been getting scared or panicky for no good reason	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	Found everything getting on top of you	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	Been feeling nervous or strung up all the time	Not at all	No more than usual	Rather more than usual	Much more than usual
	Have you recently:				
C1	Been managing to keep yourself busy	More than usual	Same as usual	Rather less than usual	Much less than usual
C2	Been taking longer over things to do	Quicker than usual	Same as usual	Longer than usual	Much less than usual
C3	Felt on the whole you doing things well	Better than usual	About the same	Less satisfied than usual	Much less well
C4	Been satisfied with the way you've carried out your task	More so than usual	About the same as usual	Less satisfied than usual	Much less well
C5	Felt that you are playing a useful part in things	More so than usual	Same as usual	Rather less than usual	Much less than usual
C6	Felt capable of making decisions about things	More so than usual	Same as usual	Rather less than usual	Much less than usual
C7	Been able to enjoy your normal day to day activities	More so than usual	Same as usual	Rather less than usual	Much less than usual
	Have you recently:				

D1	Been thinking of yourself as a worthless person	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	Felt that life is entirely hopeless	Not at all	No more than usual	Rather more than usual	Much more than usual
D3	Felt that life isn't worth living	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	Thought of the possibility that you might make away with yourself	Definitely so	I do not think so	Has crossed my mind	Definitely have
D5	Found at times you couldn't do anything because your nerves were too bad.	Not at all	No more than usual	Rather more than usual	Much more than usual
D6	Found yourself wishing you were dead and away	Not at all	No more than usual	Rather more than usual	Much more than usual
D7	Found that the idea of taking your own life kept coming into your mind	Definitely so	I do not think so	Has crossed my mind	Definitely have

APPENDIX – E

Kindly, read each of the following statements and it's three alternative responses. Then you have to select one most suitable response out of them and tick (V) against the selected response.

1, I believe that after 10 years, I will….

- earn a lot of money.
- achieve my desired vocation.
- be known as a renowned person in my area of work.

2, I will like to study those subjects in which...

- less labour is needed.
- higher probability of success is definite
- generally difficulty is felt.

3, I think to get better marks in examination depends upon.....

- teacher's good will.
- encouragement of parents & relatives
- hard labour.

4, I feel happy when I .....

- remain busy with my friends.
- get an opportunity of leadership.
- get an opportunity to help any person.

5, In future, I will like to adopt an occupation which.....

- requires least responsibility.
- provide the opportunity to help others.
- contain more opportunities of promotion.

6, When I start any work I.....

- leave it when I feel bore.
- leave it when it seems to be difficult.
- never leave it incomplete.

7, At my leisure I like to……

- gossip with my friends.
- play with my class-mates.
- extend my co-operation in social welfare activities.

8, I like to……

- do light works.
- repair the broken articles/things.
- collect information about the new inventions.

9, If I were an engineer I would like to…….

- earn money.
- construct beautifully designed buildings.
- be involved in the researches related to new technologies.

10, Before starting any work I…….

- prepare its plan.
- discuss it with the experienced persons.
- perceive the probable problems and find out their solutions.

11, I study at home lest.....

- my parents will rebuke me.
- I will be blamed for being unsuccessful in the examination.
- I will fail in the examination

12, I wish that in future I…..

- should be known as a politician.
- should be able to help others.
- should become a successful and renowned social worker.

13, I like to become rich by.....

- doing any type of work.
- winning lottery.
- earning money through hard work

14, At leisure I like to read….

- the detective (Jasusi) novels and film magazines.
- Comics.
- Knowledgeable books.

15, I wish to be recognized in the society by…..

- leading religious functions.
- serving the patients.
- by doing something extra ordinary.

16, I will feel very happy if…….

- I get an opportunity to guide and supervise the work of others.
- people honour my ability and seek my help.
- people accept my guidance with full faith and confidence.

17, I pay respect to those who.....

- leave their work incomplete on doubting it's success.
- change their goal on getting other work.
- continue their efforts till the goal is achieved.

18, When the light suddenly goes at study time, I.....

- feel happy of being free from study.
- feel irritation.
- complete my work in light of candle/kerosine lamp.

19, If I were a doctor I would like to…..

- earn money.
- provide free medicines to the patients.
- be a successful surgeon.

20, I like do some such work by which I may be counted among the…..

- rich people.
- respectable persons of the society.
- famous people of the country.

21, I like to utilise my knowledge in the tasks through which I may get.....

- money.

- fame.
- self-satisfaction.

22, According to my opinion the most important achievement of life is.....

- happy family life.
- participation in the social welfare activities.
- to work for the fulfilment of the needs of the country

23, I usually think to…..

- make as many friends as I could.
- help the poor and needy persons.
- remove the social evils and mischiefs.

24, When I take-up my work I try to….

- complete it within due course of time.
- do it neatly and cleanly.
- do it better than others.

25, I like to make my friends those sons who.....

- believe that success depends upon fate and God.
- start their work without any hesitation.
- keep the caliber to lead their work successfully.

26, When I fail to follow any lesson then….

- I leave that lesson.
- I take help from others to understand that lesson.
- try again and again to follow that lesson.

27, I feel happy to.....

- see others in trouble.
- see others happy.
- assist others.

28, I start any work with the aim to complete it.

- as soon as possible
- in an organized manner and get the praise of others.

- with full competence.

29, In writing, articles I give importance to…..

- the length of the article.
- hand-writing.
- language and thoughts.

30, I like to be involved in such work…..

- which will give me an opportunity to learn some extra competence.
- through which I may get an opportunity to know my weaknesses and improve them.
- in which chances of success are rate.

31, I feel proud of these friends who…..

- achieve pass marks in examination.
- provide help to weaker students.
- get brilliant success in examination.

32, I feel the most important work in life is to….

- earn money.
- motivate others for better work.
- achieve the excellent competence in work.

33, I like those people who…..

- are honest towards their job.
- are conscious towards their job.
- do their job with full devotion and honesty

34, I often desire to.....

- be recognised as a leader.
- achieve the ability to do something meaningful.
- serve the patients.

35, When I do any work I like to start it….

- without any pre-thinking.
- systematically.
- with full efficiency.

36, I feel the progress of an occupation depends on.....

- sources of income.
- contact with the influential persons.
- hard labour.

37, I respect those persons who…..

- work because they feel it is their duty.
- work to keep them busy.
- indulge themselves in the work with full devotion and competence.

38, On visualising an injured person in an accident I feel…

- people should help him.
- it is enough to inform the police.
- it is my duty to hospitalise him as soon as possible.

39, I like to work for.....

- myself.
- others.
- Nation.

40. I feel sad when.....

- I am punished by the teacher.
- my work is compared with others.
- I failed to achieve my goal.

APPENDIX – F

INSTRUCTION: Read each statement carefully and choose the answer that best reflects your agreement.

STATEMENTS	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough				
2. If someone opposes me, I can find the means and ways to get what I want.				
3. It is easy for me to stick to my aims and accomplish my goals.				
4. I am confident that I could deal efficiently with unexpected events.				
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6. I can solve most problems if I invest the necessary effort.				
7. I can remain calm when facing difficulties because I can rely on my coping abilities.				
8. When I am confronted with a problem, I can usually find several solutions.				
9. If I am in trouble, I can usually think of a solution				
10. I can usually handle whatever comes my way.				

APPENDIX – G

INSTRUCTION:

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

STATEMENTS	NEVER	ALMOST NEVER	SOMETIMES	FAIRLY OFTEN	VERY OFTEN
1, In the last month, how often have you been upset because of something that happened unexpectedly?	**0**	**1**	**2**	**3**	**4**
2, In the last month, how often have you felt that you were unable to control the important things in your life?	**0**	**1**	**2**	**3**	**4**
3, In the last month, how often have you felt nervous and "stressed"?	**0**	**1**	**2**	**3**	**4**
4, In the last month, how often have you felt confident about your ability to handle your personal problems?	**0**	**1**	**2**	**3**	**4**
5, In the last month, how often have you felt that things were going your way?	**0**	**1**	**2**	**3**	**4**
6, In the last month, how often have you found that you could not cope with all the things that you had to?	**0**	**1**	**2**	**3**	**4**
7, In the last month, how often have you been able to control irritations in your life?	**0**	**1**	**2**	**3**	**4**
8, In the last month, how often have you felt that you were on top of things?	**0**	**1**	**2**	**3**	**4**

9, In the last month, how often have you been angered because of things that were outside of your control?	**0**	**1**	**2**	**3**	**4**
10, In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	**0**	**1**	**2**	**3**	**4**